

FILE NOW: FILING FEE AFTER MAY 15

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Jun 10, 1999 8:00 am
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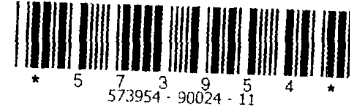
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PROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA
 DIVISION

DOCUMENT - 1



DOCUMENT # H83121

1. Corporation Name
KODIAK CONSTRUCTION, INC.

Principal Place of Business

**801 SAN ANTONIO DR
 PALM CITY FL 34990
 US**

Mailing Address

**P.O. BOX 1518
 PALM CITY FL 34991
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1985

4. FEI Number

59-2603566

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

8. This corporation owes the current year intangible
 Personal Property Tax ☒ Yes ☐ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

Country

24. Mailing Address

25. Suite, Apt. #, etc.

26. City & State

27. Zip

Country

9. Name and Address of Current Registered Agent

**GROPP, TERRY
 801 SAN ANTONIO DR
 PALM CITY FL 34990**

81. Name

82. Street Address (P.O. Box Number is Not Applicable)

83. City

84. State

FL

85. Zip Code

13. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person named as registered agent and the filer (if filer is not the registered agent)

(NOTE: Registered Agent signature required when not filer)

Date

12. OFFICERS AND DIRECTORS

TITLE **PVT** ☐ DELETE
 NAME **GROPP, TERRY**
 STREET ADDRESS **801 SAN ANTONIO DR.**
 CITY, ST, ZIP **PALM CITY FL**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

TITLE ☐ DELETE
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 STREET ADDRESS
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 CITY, ST, ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE ☐ Change ☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

15. TITLE ☐ Change ☐ Addition

16. NAME

17. STREET ADDRESS

18. CITY, ST, ZIP

19. TITLE ☐ Change ☐ Addition

20. NAME

21. STREET ADDRESS

22. CITY, ST, ZIP

23. TITLE ☐ Change ☐ Addition

24. NAME

25. STREET ADDRESS

26. CITY, ST, ZIP

27. TITLE ☐ Change ☐ Addition

28. NAME

29. STREET ADDRESS

30. CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

Date

Filing Office

CR2E004 (11-98)