

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

**95 APR 17 AM 11:28**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # H98058**

**(1)**

1. Corporation Name

**KIRBY KING CONSTRUCTION, INC.**

Principal Place of Business

**23250 SW 152ND AVE.  
HOMESTEAD FL 33032**

Mailing Address

**23250 SW 152ND AVE.  
HOMESTEAD FL 33032**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**02/06/1986**

3a. Date of Last Report

**07/22/1994**

4. FEI Number

**59-2759941**

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 has liability for intangible tax under S. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

**21 434 SE 21 PL**

2a. Mailing Address

**26 434 SE 21 PL**

Suite, Apt. #, etc.

**22 VERO BEACH**

Suite, Apt. #, etc.

**27 VERO BEACH**

City & State

**23 FLORIDA**

City & State

**28 FLORIDA**

Zip

**24 32962**

Country

**25 USA**

Zip

**29 32962**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**KING, ELIZABETH LYNN  
11650 SW 68TH CT.  
HOMESTEAD FL 33156**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. 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

*Kirby King*

**KIRBY King President**

**4-10-95**

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                 |                            |
|-----------------|----------------------------|
| TITLE           | <b>DP</b>                  |
| NAME            | <b>KING, KIRBY</b>         |
| STREET ADDRESS  | <b>23250 SW 152ND AVE.</b> |
| CITY - ST - ZIP | <b>HOMESTEAD FL</b>        |
| TITLE           |                            |
| NAME            |                            |
| STREET ADDRESS  |                            |
| CITY - ST - ZIP |                            |
| TITLE           |                            |
| NAME            |                            |
| STREET ADDRESS  |                            |
| CITY - ST - ZIP |                            |
| TITLE           |                            |
| NAME            |                            |
| STREET ADDRESS  |                            |
| CITY - ST - ZIP |                            |
| TITLE           |                            |
| NAME            |                            |
| STREET ADDRESS  |                            |
| CITY - ST - ZIP |                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                              |
|---------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | <b>KIRBY King</b>                                                            |
| 1.3 STREET ADDRESS  | <b>434 SE 21 PL</b>                                                          |
| 1.4 CITY - ST - ZIP | <b>VERO Beach, FL. 32962</b>                                                 |
| 2.1 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME            | <b>VICE President</b>                                                        |
| 2.3 STREET ADDRESS  | <b>11650 SW 68th King</b>                                                    |
| 2.4 CITY - ST - ZIP | <b>434 SE 21 PL</b>                                                          |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                                                                              |
| 3.3 STREET ADDRESS  |                                                                              |
| 3.4 CITY - ST - ZIP | <b>VERO Beach FL 32962</b>                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                                                                              |
| 4.3 STREET ADDRESS  |                                                                              |
| 4.4 CITY - ST - ZIP |                                                                              |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                                                                              |
| 5.3 STREET ADDRESS  |                                                                              |
| 5.4 CITY - ST - ZIP |                                                                              |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                                                                              |
| 6.3 STREET ADDRESS  |                                                                              |
| 6.4 CITY - ST - ZIP |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information furnished 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.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Kirby King*

**4-10-95**

Signature Number #