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 MAY -1 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J23346** **(6)**

1. Corporation Name

JACK KEYWORTH CONTRACTING, INC.

Principal Place of Business	Mailing Address
4385 INDEPENDENCE CT. SARASOTA FL 34234 US	4385 INDEPENDENCE CT SARASOTA FL 34234 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/09/1986

3a. Date of Last Report: 04/28/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25 Zip — 29 Country — 30

4. FEI Number: 59-2462718 ☐ 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

9. Name and Address of Current Registered Agent

SWISHER, SAM P.A.
2477 STICKNEY PT., RD.
#207B
SARASOTA FL 34231-4070

10. Name and Address of New Registered Agent

81 Name: John C. Keyworth

82 Street Address (P.O. Box Number is Not Acceptable): 4385 Independence Court

83

84 City: Sarasota **FL** 85 Zip Code: 34234

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: John C. Keyworth, Secretary 4/28/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	PST XX Change ☐ Addition
NAME	KEYWORTH, JOHN C.	12 NAME	Keyworth, John C.
STREET ADDRESS	5121 OXFORD DRIVE	13 STREET ADDRESS	432 Pine Ranch East Road
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	Osprey, FL 34229-9092
TITLE	VP	21 TITLE	XX Change ☐ Addition
NAME	WHITE, SAMUEL	22 NAME	
STREET ADDRESS	5603 5TH ST E.	23 STREET ADDRESS	No Longer Officer
CITY-ST-ZIP	BRADENTON FL	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	METTERS, DON	32 NAME	
STREET ADDRESS	5619 1ST STREET E.	33 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	34 CITY-ST-ZIP	
TITLE	ST	41 TITLE	☐ Change ☐ Addition
NAME	KEYWORTH, JOHN C.	42 NAME	
STREET ADDRESS	5121 OXFORD DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	44 CITY-ST-ZIP	
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	LEONARD, BARRY	52 NAME	
STREET ADDRESS	1490 ROME AVE	53 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	VP ☐ Change XX Addition
NAME		62 NAME	Henline, Jay
STREET ADDRESS		63 STREET ADDRESS	2390 Novus Street
CITY-ST-ZIP		64 CITY-ST-ZIP	Sarasota, FL 34237

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 119.07(3)(k), 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.

SIGNATURE: John C. Keyworth, Secretary 4/28/95 813-365-2162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP