FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Jul 08 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1**9**98 DOCUMENT # KLJ CONSTRUCTION CO., INC. Principal Place of Business Mailing Address 13519 LACEBARK PINE ROAD 13519 LACEBARK PINE ROAD ORLANDO FL 32632 ORLANDO FL 32632 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/19/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 21 26 59-2715762 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Z_{1D} 8. This corporation owes or has paid the current year Intangible Yes ☐ No 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent В1 Name JENĶINS, KAREN ANN 13519 LACEBARK PINE RD 82 Street Address (P.O. Box Number is Not Acceptable) ORLÁNDO FL 32832 83 84 City 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 Signature, typed or printed nacin of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TiTI F 1.1 TOUR JENKINS, KAREN ANN NAME 1.2 NAME 13519 LACEBARK PINE RD 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE Jenkins, jr. Lonnie Will 2.2 NAME 13519 LACEBARK PINE RD STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 or an attachment with an address.

5.4 CITY-ST-ZIP

6.1 TITLE

62 NAME 6.3 STREET ADDRESS

CIGNIATI IDE :

CITY-ST-2IP

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

DELETE

6/28/98

407-282-6056

Change

Addition