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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J55791** **(4)**

1. Corporation Name

IVAN KAUFFMAN & SONS CONTRACTING, INC.

Principal Place of Business	Mailing Address
C/O IVAN J. KAUFFMAN ~~1474 MILLER AVE.~~ SARASOTA FL 34239	C/O IVAN J. KAUFFMAN ~~1474 MILLER AVE.~~ SARASOTA FL 34239

3. Date Incorporated or Qualified: 01/28/1987
3a. Date of Last Report: 08/04/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.: 22 1550 GRAND BLVD
City & State: 23
Zip: 24 34232 Country: 25

2a. Mailing Address
26
Suite, Apt. #, etc.: 27 1550 GRAND BLVD
City & State: 28
Zip: 29 34232 Country: 30

4. FEI Number: 59-2780258 ☐ 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

KAUFFMAN, IVAN J.
~~1474 MILLER AVE.~~
SARASOTA FL 34239

new address

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1550 GRAND BLVD
83
84 City: **FL** 85 Zip Code: 34232

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAUFFMAN, IVAN J. ~~1474 MILLER AVE.~~ SARASOTA FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 1550 GRAND BLVD 34232
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAUFFMAN, KENT J. 501 SINCLAIR DR. SARASOTA FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAUFFMAN, KURT L. ~~1474 MILLER AVE.~~ SARASOTA FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition 1010 JAKL Ave SARASOTA, FL 34232
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAUFFMAN, ELOISE S. ~~1474 MILLER AVE.~~ SARASOTA FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition 1550 GRAND BLVD 34232
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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: Ivan J. Kauffman IVAN J. KAUFFMAN 4-30-96 941-957-3968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #