

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90101 025 ***150.00

0472052

DOCUMENT # J55791

1. Corporation Name

IVAN KAUFFMAN & SONS CONTRACTING, INC.

Principal Place of Business

C/O IVAN J. KAUFFMAN
1550 GRAND BLVD.
SARASOTA FL 34232
US

Mailing Address

C/O IVAN J. KAUFFMAN
1550 GRAND BLVD.
SARASOTA FL 34232
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1987

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

KAUFFMAN, IVAN J.
1550 GRAND BLVD.
SARASOTA FL 34232

10. Name and Address of New Registered Agent

81 Name KENT J. KAUFFMAN

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

83

84 City SARASOTA

FL

85 Zip Code 34240

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

Kent J. Kauffman
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/28/99

12. OFFICERS AND DIRECTORS

TITLE D. ☐ DELETE
NAME KAUFFMAN, IVAN J.
STREET ADDRESS 1550 GRAND BLVD.
CITY-ST-ZIP SARASOTA FL

TITLE D. ☐ DELETE
NAME KAUFFMAN, KENT J.
STREET ADDRESS 501 SINCLAIR DR.
CITY-ST-ZIP SARASOTA FL

TITLE D. ☒ DELETE
NAME KAUFFMAN, KURT L.
STREET ADDRESS 1010 JAKL AVE
CITY-ST-ZIP SARASOTA FL

TITLE D. ☐ DELETE
NAME KAUFFMAN, ELOISE S.
STREET ADDRESS 1550 GRAND BLVD.
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE PRES & TREAS ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Kent J. Kauffman
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

04/28/99
Date

(941) 379-4213
Daytime Phone #

CR2E034 (11/98)