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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Kathering Harris

Secretary of State

2000

SIGNATURE:

DOCUMENT # J67607 1. Corporation Name

Keen Contracting, Inc

DIVISION OF CORPORATIONS

FILED Jun 08, 2000 8:00 am Secretary of State

06-08-2000 90011 012 ***150.00

Principal Place of Business Mailing Address									
425 S	Chickasaw Trail	Ð							
Orland	lo, Fl 32825				DO NOT WR	DO NOT WRITE IN THIS SPACE			
	,				3. Date Incorporated or Qualifed				
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Ar	oplied For	
		26	•		59-2751377		No	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Certificate of Status Desired		\$8.75	Additional	
Jan and	اليارين أأداد ليهما أدمت فمستست	27		يب جين	5. Certificate of Status Desired	<u></u>	Fee Re	equired	
City & State		City & State	City & State		6. Election Campaign Financing	П	\$5.00	Мау Ве	
	28				Trust Fund Contribution		Added	to Fees	
Zip	Zip Country Zi		Zip Country		8. This corporation owes the curi				
4	25	29	29 30		Personal Property Tax. Yes No				
	9. Name and Address of Curren	t Registered Agent		41	10. Name and Address of New I	Registered A	gent		
D - 1- 7			8	1 Name					
Rick K			8	2 Street A	Address (P.O. Box Number is Not Accept	able)			
425 S. Chickasaw Trail			Ļ						
Orland	lô, FL 32825		l ₈	3					
			8	4 City		E1	85 Zip	Code	
				<u> </u>		ᆫ			
office or r	to the provisions of Sections 607.050: egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was	s authorized b	v the corpo	corporation submits this statement for the oration's board of directors. I hereby acce	pt the appoint	ment as re	egistered	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NC	TF: Registered Ar	ent signature re	equired when reinstating)	DATE			
12.		D DIRECTORS	13.	on organism of	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	ORS IN 12	
TITLE		☐ DELETE	1.1 TITLS				☐ Change	Addition	
NAME	Rick Keen		1.2 NAM	.	,				
0. TO C. T. A. D. D. C.	· · · · · · · · · · · · · · · · · · ·		13 STR	ET ADDRESS					
i i	425 S. Chickasaw		14 (17)	į					
CITY-ST-ZIP TITLE	Orlando, FL-3282	5 DELETE	2.1 TITLE				Change	Addition	
NAME			2.2 NAM	<u>:</u>					
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STREET ADDRESS			3.3 STRE	ET ADDRESS					
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NAME			4, 2 NAN	Ē .					
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\$14 CH7 ALBRESS	•		# 52379	ET ADDRESS					
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indicated	mia propusi connet oc expulsivantsi	i annual report is true and ad iver or trustee empowered to	courate and this o execute this	rat my signi Freport as r	in Section 119.07(3)(i), Florida Statutes, ature shall have the same legal effect as required by Chapter 607, Florida Statutes o.	n bligge ander	(2/21)		

OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR