SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

(6)

KEVIN ADAIR GENERAL CONTRACTOR, INC.

	e of Business	Mailing Address	Mailing Address		
73 PALMETTO RD.		73 PALMETTO RD.			
LAKE WORTH FL 33487		LAKE WORTH FL 33467			DO NOT WRITE IN THIS SP ACE
					3. Date Incorporated or Qualified
					06/17/1987
2. Principal F	Place of Business	2a Mailing Address	2a. Mailing Address		4. FEI Number Applied For
21		26			65-0240986 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip			Country	•	8. This corporation owes or has paid the current year intangible
24	25	29	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre				10. Name and Address of New Registered Agent
ADAIR, KEVIN			81	Name	
	ALMETTO RD.		82	Ctroat Ad	dross (D.O. Day Nymbor to Net Association
LAKE WORTH FL 33467			02	Street Ad	idress (P.O. Box Number is Not Acceptable)
			83		
			84	City	▶ 85 Zip Code
					FL]*3 250000
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, typod or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13.	en agnature n	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	I	
NAME	ADAIR, PATRICK	[] DELETE	1.2 NAME		Change Addition
STREET ADDRESS	5880 38TH COURT SO.		1.3 STREET	onorte.	
CITY-ST-ZIP	GREENACRES CITY FL				
TITLE	The state of the s		1.4 CITY-ST-	2119	
NAME	ADAÎR, PATRICIA	L. J DECETE	2.2 NAME		Change Addition
STREET ADDRESS	605 ELM ROAD			55555	
1 1	WEST PALM BEACH FL		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE			2.4 CITY-ST-	Z#P	
	A DIA AND AND HALL			1	L. Change L Addition
NAME STREET ADDRESS	73 W PALMETTO RD		3.2 NAME		
	LAVE MODELLE		3.3 STREET A		
CITY-ST-ZIP	LANG WUNITIFL	 -	3.4 CITY-ST-2	ZIP	
THE		L DELETE	4.1 TITLE		Change Addition
NAME	·		4.2 NAME		
STREET ADDRESS			4.3 STREET A	i	
CITY-ST-ZiP	The state of the s		4.4 CITY-ST-Z	ZIP	
TETLE	occert		5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			53 STREET A	DDRESS	
CITY-ST-ZIP			5.4 CITY-ST-7	ZIP	
TITLE		L DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		;
STREET ADDRESS			6.3 STREET A	DDRESS	
City-St-ZIP			6.4 CITY-ST-2	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.

FILED

Oct 01 1998 8:00am

Secretary of State

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