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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K00899

(0)

KEITH E. HALVERSON CONSTRUCTION CO.

FILED Mar 14 1997 8:00am Secretary of State

Principal Plac	e of Business	Mailing	Mailing Address				148810114 841 40115 00106 10140 16410 10	ii əfəii ələhi	11 4 11 515 11 515 11	01011 1841		
2501 JENNIFER HOPE BLVD LONGWOOD FL 32778				2501 JENNIFER HOPE BLVD LONGWOOD FL 327794723								
								3. Date Incorporated or Qualified 11/04/1987	1	ate of Last Re 25/1996	eport]
2. Principal Place of Business			2a. Mailing Address				. — — — - —	4. FEI Number	1 44		oplied For	1
21			26	26				59-3202068		No	ot Applicable]
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				5. Certificate of Status Desired	П	\$8.75		1
22			27	27						Fee Re		1
City & State			- h	28			6. Election Campaign Financing Trust Fund Contribution		\$5.00	•	l	
Zip Country			Zip	**************************************				Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,				
24	İ	25	29	29 30				Florida Statutes Yes No				
		and Address of Curren		Agent				10. Name and Address of New R	egistered	Agent		1
HALVERSON, KEITH E.						81	Name					1
	1 JENNIFER					Street Add	ress (P.O. Box Number is Not Accepta	ıble)			1	
LONGWOOD FL 32779						83						
					ſ	83						\
						84	City		FL	85 Zip (Code	1
office or r	registered ago	ons of Sections 607,050; onl, or both, in the State th, and accept the obliga	of Florida, Si	uch change was i	authorized	i bv	the comora	poration submits this statement for the tion's board of directors. I hereby acce	purpose o	changing its ointment as	s registered registered	
SIGNATURE	arriagramet irre	and displayed the small			on one		^					
	Signature typical	or printed name of registered age				Age:	nt signature requi	ired wher reinstating)	DATE			١,
12.	I DD	OFFICERS AND	DIRLCTOR	S DELETE	13.			ADDITIONS/CHANGES TO OFF	CERS AND	Change	Addition	Įξ
TITLE NAME	DP	ON VERTHE		DELETE 1.17 1.2 N			}			L Change	L_J Accincil	19
NAME HALVERSON, KEITH E. STREET ADDRESS 2501 JENNIFER HOP BLDV.							ADDRESS					8
CITY-ST-ZIP LONGWOOD FL				14 Cl								١٤
TITLE	LONGITO	OD I E		DELETE	2.1 111					Change	Addition	t
NAME	}				2.2 NA	ΜĘ						Ì
STREET ADDRESS					2.3 S1	BEET	ADDRESS					
CITY-ST-ZIP					2. 4 CI	14.8	1 - ZIP					
TITLE				DELETE	3 1 111	lŧ				Change	Addition	
NAME					3.2 N/							
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP			····	DELETE	3 4. CI		1-7P			Change	Addition	┨
TITLE NAME				LJ DELETE	4.1 117 4.2 No		-			□ OHARUS	ma wooling	
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP					4.3 St							l
TITLE				DELETE	51111		<u>'</u>			Change	Addition	1
NAME					5.2 NA	ME	1			-		1
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP	1				5.4 01							
TITLE				DELETE	6.1 TII	LF.				Change	Addition	1
NAME					6.2 NA	ME	Ì					
STREET ADDRESS					63 ST	AEET.	ADDRESS					
CITY-ST-ZIP				6.4 CITY- S1 - ZIP			440.000					
IA. I do heret	nu carrily that	the information supplier	court thic file	ileun loa sooo oc	iv tot the	OVO	mntian etator	d in Section 119 07(3)(i). Florida Statut	ae Ituribai	continuithat (CDO	

I do 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 eath; 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 18 if changed, or on an attachment with an address.

CICAIATHDE

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3-8-97

(407) 774-0466