

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K09393** (5)

1. Corporation Name

KINARD-JOHNSON CONSTRUCTION CO.



Principal Place of Business

**569 BROWARD STREET
JACKSONVILLE FL 32204
US**

Mailing Address

**POST OFFICE BOX 40236
JACKSONVILLE FL 32203
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

9. Name and Address of Current Registered Agent

**HENRY J. KINARD, JR.
569 BROWARD STREET
JACKSONVILLE FL 32204**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

12/29/1987

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2861382

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1502, 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 607.0602, Florida Statutes.

SIGNATURE

Date of Signature

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**PD
HENRY J. KINARD, JR.
569 BROWARD ST.
JACKSONVILLE FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**VP
ROBERT H. JOHNSON
569 BROWARD STREET
JACKSONVILLE FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**S
CLARIE S. WETZEL
569 BROWARD ST.
JACKSONVILLE FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**D
WILLIAM T. BAILEY
4040 CORDOVA AVE.
JACKSONVILLE FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**D
H. LEON HOLROOK III
ONE INDEPENDENT DR., SUITE 2301
JACKSONVILLE FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

**ST
Claire S. Wetzel
569 Broward St.
Jacksonville, FL**

**D
Frank Houser
524 Stockton St.
Jacksonville, FL**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904/388-1858

Date of Filing

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