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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L36973

Country

9. Name and Address of Current Registered Agent

KENNEDY CONSTRUCTION, INC.

Principal	Place	of Busin	ness	

Mailing Address

595 BIRDSONG PLACE SANIBEL FL 33957

2. Principal Place of Business

STERN, JERROLD S.

SANIBEL FL 33957

695 TARPON BAY RD. SUITE 2

Suite, Apt. #, etc.

City & State

22

23

24

Zip

595 BIRDSONG PLACE SANIBEL FL 33957

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90185 008 ***150.00



office or re	to the provisions of Sections 607.0502 and 607 egistered agent, or both, in the State of Florida m familiar with, and accept the obligations of, S	. Such change was au	thorized by the corpor	orporation submits this state ation's board of directors. I	ment for the purpo hereby accept the	se of changing its rappointment as reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered agent and title if a	pplicable (NOTE: I	Registered Agent signature req	uired when reinstating)	DA	TE	
12.	OFFICERS AND DIREC		13.	ADDITIONS/CHAN	IGES TO OFFICER	RS AND DIRECTO	
TITLE	PST	☐ DELETE	1.1 TITLE	S		☐ Change	X Addition
NAME !	KENNEDY, RICHARD E.		1.2 NAME	Julie L Pir	ınicks-De	Bord	
STREET ADDRESS	595 BIRDSONG PLACE		1.3 STREET ADDRESS	595 Birdsor	ıg Place		
CITY-ST-ZIP	SANIBEL FL		1.4 CITY-ST-ZIP	Sanibel, FI	<u> 33957</u>		
TITLE	D	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	KENNEDY, RICHARD E.		2.2 NAME				1
STREET ADDRESS	595 BIRDSONG PLACE		2.3 STREET ADDRESS				
CITY-ST-ZIP	SANIBEL FL		2. 4 CITY-ST-ZIP			<u></u>	
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE	*		Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		•	Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS	,			
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETÉ	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				

Country

83

84 City

30

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 13 if changed or on an Alachment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-99

941-473-4443

Daytime Phone