

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:55

DOCUMENT # L46857 (3)

1. Corporation Name:

K & M CONSTRUCTION SERVICES, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
MICHAEL J. FRISBY POST OFFICE BOX 422 APOPKA FL 32704-0422 US		MICHAEL J. FRISBY POST OFFICE BOX 422 APOPKA FL 32704-0422 US		01/29/1990	05/01/1994
21. 6120-B Edgewater Dr.	26. 6120-B Edgewater Dr.	4. FEI Number	Applied For Not Applicable		
22. Orlando, Florida	27. Orlando, Florida	5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required		
23. 32810	28. 32810	6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees		
24. 32810	25. Orange	29. 32810	30. Orange	8. The corporation has liability for intangible tax under S. 194.032 Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FRISBY, MICHAEL J. 25442 MCDOWELL COURT SORRENTO 32776		81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code	

11. Pursuant to the provisions of Sections 607.0105 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 I accept the obligations of Section 607.0905, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent in Charge (if applicable)

Signature of New Registered Agent (if applicable)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	D	1.1 TITLE	☐ Change ☐ Addition
2. NAME	FRISBY, MICHAEL J.	1.2 NAME	
3. STREET ADDRESS	25442 MCDOWELL CT	1.3 STREET ADDRESS	
4. CITY, STATE, ZIP	SORRENTO FL	1.4 CITY, STATE, ZIP	
5. TITLE	VS	2.1 TITLE	☐ Change ☐ Addition
6. NAME	FRISBY, CHERYL K.	2.2 NAME	
7. STREET ADDRESS	25442 MCDOWELL CT	2.3 STREET ADDRESS	
8. CITY, STATE, ZIP	SORRENTO FL	2.4 CITY, STATE, ZIP	
9. TITLE		3.1 TITLE	☐ Change ☐ Addition
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY, STATE, ZIP		3.4 CITY, STATE, ZIP	
13. TITLE		4.1 TITLE	☐ Change ☐ Addition
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY, STATE, ZIP		4.4 CITY, STATE, ZIP	
17. TITLE		5.1 TITLE	☐ Change ☐ Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY, STATE, ZIP		5.4 CITY, STATE, ZIP	
21. TITLE		6.1 TITLE	☐ Change ☐ Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY, STATE, ZIP		6.4 CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exception stated in Section 115.03(3), Florida Statutes. I further certify that the information is accurate as the 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 registered agent or broker empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, 2, or 3 of this filing. I am a registered agent with an address:

SIGNATURE:

M. J. Frisby
SIGNATURE AND TYPE OF PRINTED NAME OF FILING OFFICER OR DIRECTOR

April 26, 1995 (407) 521-6999