SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

Sep 23 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # (4) JOHN K. CONSTRUCTION, INC. Principal Place of Business Mailing Address **%JOHN INSKEEP** %JOHN INSKEEP 200 LANCASTER STREET 200 LANCASTER STREET DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33487 BOCA RATON FL 33487** 3. Date Incorporated or Qualified 3a. Date of Last Report 04/02/1990 06/07/1996 Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 65-0183490 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible Yes ☐ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name OSBORNE, THOMAS B. 7200 THOMPSON RD. 82 Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33462** 83 City 84 Zip Code 85 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. (NDIT Registered Agent signature required when reinstating) ted harrie of registered agent and title diapplicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition Change TITLE 1.1 TO LE inskeep, John NAME 1.2 NAME 200 LANCASTER STREET STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** 14 City-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE INSKEEP, PATRICIA NAME 2.2 NAME 200 LANCASTER ST STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITE F Change Acdition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - 2IP DELETE TITLE 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY - ST - ZIP DELFTE TITLE ☐ Change ■ Addition 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change noifit bA TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CHY-ST-ZIP

14. 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 offect 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 13 if changed, or on an attachment with an address.

FILED