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Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **L64136** (9)

1. Corporation Name
WILSON & KEHOE RECONSTRUCTION, INC.

Principal Place of Business
**511 CENTRAL PARK DRIVE
LARGO FL 34641
US**

Mailing Address
**511 CENTRAL PARK DRIVE
LARGO FL 33771-2145
US**



3. Date Incorporated or Qualified
04/05/1990

3a. Date of Last Report
03/04/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

24

33771

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

29

Country

30

4. FEI Number

59-3040752

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

9. Name and Address of Current Registered Agent

**KEHOE, MARTY
511 - 3RD STREET, SOUTHEAST
LARGO, FL 34641**

10. Name and Address of New Registered Agent

81 Name

MARTIN C. KEHOE

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

103 OAKWOOD DRIVE

83

84 City

LARGO

FL

85 Zip Code

33770

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.

SIGNATURE

Signature, typed or printed name of registered agent, as applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/21/97

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **KEHOE, MARTIN C**
STREET ADDRESS **103 OAKWOOD DRIVE**
CITY-ST-ZIP **LARGO FL**

TITLE **TSD** ☐ DELETE
NAME **WILSON, ROBERT H III**
STREET ADDRESS **10972 HAMLIN BLVD.**
CITY-ST-ZIP **LARGO FL**

TITLE **DVP** ☐ DELETE
NAME **MILLER, DAVID S**
STREET ADDRESS **1664 ST PAULS DRIVE**
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

2/21/97

813 584-7742

CR2E034 (9/96)