## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham

ANNUAL REPORT

1998

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

WILSON & KEHOE RECONSTRUCTION, INC.

**FILED** Mar 19 1998 8:00am Secretary of State



								<b>                                    </b>		
Principal Place of Business Mailing Address										
511 CENTRAL PARK DRIVE 511 CENTRAL PARK DRIVE										
LARGO FL 34 US	641	LARGO FL 24641 US			DO NOT WRITE IN THIS SPACE					
		•				3. Date Incorporated or Qualified				1
						04/05/1990				_
2. Principal Pl	ace of Business	2a. Mailing Address			0 >	4. FEI Number		A	pplied For	]
21 1490	DONLGAN ROAD	26 1490 DON	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			59-3040752			ot Applicable	ļ
Suite, Apt.	Suite, Apt. #, etc.	ot. #, etc.			5. Certificate of Status Desired			Additional	1	
22 27 City & State City & State									equired	1
City & State		28 LARGO FL			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
23 LAR	Country	Zip Country			8. This corporation owes or has p				ł	
24 33771-		t-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	30	y		Personal Property Tax due Jur			No .	1
24 00	g. Name and Address of Current		<u> </u>	Ι .		10. Name and Address of New F				1
KEHOE, MARTIN C									,	1
103 OAKWOOD DR					Street Add	ress (P.O. Box Number Is Not Accept	able)			1
LARGO FL 33770				82	SHOOL AUGI	1995 (1.10). DOX TRUMBER IS TRUE MODELLE				
water ta control				83						]
				84	City			85 Zip	Code	┨
				I - 1	•	•	FL	_     '		l
11. Pursuant	to the provisions of Sections 607.0502 egistered agont, or both, in the State of m familiar with, and accept the obligat	and 607,1508, Florida Statute	s, the a	bove	named corp	poretion submits this statement for the	purpose c	if changing i	its registered	]
agent. La	egistered agont, or both, in the State of m familiar with, and accept the obligat	ions of, Section 607.0505, Flo	rida Sta	tutes.	irie corpora	ports board of directors. Thereby acc	apr the apr	JOHN MINORIL CO	, registered	ı
SIGNATURE										1
	Signature, typed or printed name of registered agent			d Ageni	t eignature requi	red when reinstating)	DATE	D DIRECTA	50 01 40	16
12.	OFFICERS AND	DIRECTORS	13.	TI F	- 1	ADDITIONS/CHANGES TO OFF	ICERS AN	☐ Change	Addition	
TITLE	PD MADTIN C	L. Dittil		•				C. C. C. C.		I.
NAME				1.2 NAME 1.3 STREET ADDRESS			-			18
STREET ADDRESS			TY-ST						įš	
CITY-ST-ZIP TITLE	TSD	DELETE	2.1 TI		- <u>21</u> r		··	Change	☐ Addition	15
NAME				2.2 NAME				_ •		
STREET ADDRESS	10972 HAMLIN BLVD.		•	STREET ADDRESS						
CITY-ST-ZIP	LARGO FL		1	2.4 CITY-ST-ZIP						
TITLE	DVP	DELETE	3.1 TI					Change	Addition	1
NAME	MILLER, DAVID S		3.2 N							ı
STREET ADDRESS	1664 ST PAULS DRIVEQ		3.3 S	TREET A	DORESS					
CITY-ST-ZIP	CLEARWATER FL		3.4. 0	CITY-ST	- <b>2</b> IP					J
TITLE		DELETE	4.1 1	ITLE				Change	Addition	1
NAME			4.21	NAME						L
STREET ADDRESS			4.3 S	TREET A	NDDRESS					L
CITY-ST-ZIP			4.4 C	TZ-YTK	- ZIP					1
TITLE		☐ DELETE	5.1 T	ITLE				Change	Addition	1,
NAME			5.2 NAME							1
STREET ADDRESS			5.3 S	TREET A	ADDRESS					
CITY-ST-ZIP				HTY-ST	- ZIP			· · · ·	- 1 × 2 · · · ·	1
TITLE		☐ DELETE	61T					Change	Addition	1
NAME			6.2 N							1
STREET ADDRESS			6.3 S	TREET A	ADORESS	V.				1
CITY-ST-ZIP	and the state of t	this files done not qualify fo		ITY-ST		Section 119 07/3VI) Florida Statutes	I further a	artifu that th	e information	+
i da iberebii										

Intereor certify that the information supplied with this thing does not quality for the exemption stated in Section 119.07(3)(). Florida Statutes, I further certify that it 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 agradates.

SIGNATURE: