

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90039 018 ***158.75

DOCUMENT # P00000077701

1. Entity Name

FLORIDA K-CONSTRUCTION, INC.



Principal Place of Business

1507 GULF DRIVE
CARRABELLE FL 32322

Mailing Address

P.O. BOX 1000
CARRABELLE FL 32322

44032133



MOORE

CR2E034 (11/03)

2. Principal Place of Business

1507 Gulf Dr.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1000

Suite, Apt. #, etc.

City & State

Carrabelle Florida

City & State

Carrabelle Florida

4. FEI Number

59-3665716

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KUHLE, GARY E
1507 GULF DR.
CARRABELLE FL 32322

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME KUHLE, GARY E
STREET ADDRESS P.O. BOX 1000
CITY-ST-ZIP CARRABELLE FL 32322

TITLE VP ☒ Delete
NAME LEMIEUX, LESLIE
STREET ADDRESS 110 15TH STREET
CITY-ST-ZIP APALACHICOLA FL 32320

TITLE V ☐ Delete
NAME STOVERN, RICHARD P
STREET ADDRESS 1848 HWY-98 WEST
CITY-ST-ZIP CARRABELLE FL 32322

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gary E. Kuhle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04

933-9819

Daytime Phone #