

**FILED**  
**May 22, 2003 8:00 am**  
**Secretary of State**

05-22-2003 90141 020 \*\*\*150.00

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P02000004851**  
 1. Entity Name  
**AOK CONSTRUCTION, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**805 Bianca Dr NE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**805 Bianca Dr NE**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Palm Bay, FL**

City & State  
**Palm Bay, FL**

4. FEI Number **04-3589945** Applied For  
 Not Applicable

Zip **32905** Country **USA** Zip **32905** Country **USA**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE  
 IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **Jack Keeney**

Street Address (P.O. Box Number is Not Acceptable)  
**805 Bianca Dr NE**

City **Palm Bay** State **FL** Zip Code **32905**

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.

SIGNATURE *Jack Keeney* **Jack Keeney, Registered Agent** DATE **5/19/03**  
Signature typed or printed name of registered agent if applicable. (NOTE: Registered Agent signature required when reappointing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$41.25  
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D/P/S Allen, Wayne 805 Bianca Dr NE, Palm Bay, FL 32905</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D/P/T Keeney, Jack 805 Bianca Dr NE, Palm Bay, FL 32905</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jack B. Keeney* **Jack Keeney** vice President DATE **5/19/03** 321-480-7024  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)