

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05290

(2)

1. Corporation Name

KMI CONTINENTAL LAKE CITY, INC.

Principal Place of Business

1000 KIEWIT PLAZA
OMAHA NE 68131

Mailing Address

1000 KIEWIT PLAZA
OMAHA NE 68131

DO NOT WRITE IN THIS SPACE:

3. Date Incorporated or Qualified

03/13/1985

3a. Date of Last Report

05/01/1994

4. FEI Number

06-1120374

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME JULIAN, ROBERT E
STREET ADDRESS 13537 PARKER ST
CITY-ST-ZIP OMAHA NE

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

TITLE VPS
NAME STORTZ, THOMAS C
STREET ADDRESS 618 S 153RD CIR
CITY-ST-ZIP OMAHA NE

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

TITLE AS
NAME ELLINGSON, LEE E
STREET ADDRESS 5336 S 107TH AVE
CITY-ST-ZIP OMAHA NE

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

TITLE AS
NAME MCGUIRE, JOSEPH R
STREET ADDRESS 5204 BURT ST
CITY-ST-ZIP OMAHA NE

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

TITLE AS
NAME MCGUIRE, JOSEPH R.
STREET ADDRESS 5204 BURT STREET
CITY-ST-ZIP OMAHA NE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

VPS
Matthew J Johnson
1000 Kiewit Plaza
Omaha, NE 68131

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Matthew J Johnson

Matthew J Johnson

4/11/95

(407) 342-2052