

<b>DOCUMENT # P93000015293</b>			
1. Entity Name <b>KYLE KEESLING CONSTRUCTION, INC.</b>			
Principal Place of Business <b>6489 FLORIDA ST. B-5 PUNTA GORDA FL 33950 US</b>		Mailing Address <b>P.O. BOX 511206 PUNTA GORDA FL 33951-1206 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
<b>KEESLING, KYLE 448 SCARLET SAGE PUNTA GORDA FL 33955</b>			Name
			Street Address (If different from above)
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</b>	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KEESLING, KYLE 448 SCARLET SAGE PUNTA GORDA FL 33955</b>	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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12.			
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607 of the Florida Statutes, and that my signature shall have the effect of certifying that the information is true and accurate and that the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 has changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

Daytime Phone #