

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 10: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000040937 (3)

1. Corporation Name

KISSINGER CONSTRUCTION, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
117 EDWARD AVENUE 117 EDWARD AVENUE
LEHIGH ACRES FL 33906 LEHIGH ACRES FL 33906

3. Date Incorporated or Qualified 3a. Date of Last Report
06/04/1993 **04/18/1994**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip Country 30 Country

4. FEI Number Applied For
65-0428990 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KISSINGER, SHIRLEY
117 EDWARD AVENUE
LEHIGH ACRES FL 33936**

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KISSINGER, ROBERT J	1.2 NAME	
STREET ADDRESS	117 EDWARD AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES FL 33936	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KISSINGER, ROBERT O	2.2 NAME	
STREET ADDRESS	117 EDWARD AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES FL 33936	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KISSINGER, GARY S	3.2 NAME	
STREET ADDRESS	117 EDWARD AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES FL 33936	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KISSINGER, SHIRLEY	4.2 NAME	
STREET ADDRESS	117 EDWARD AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES FL 33936	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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 resolver 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 as an attachment with an address.

SIGNATURE:

Shirley Kissinger
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR
SHIRLEY KISSINGER

SECRETARY

4-28-95 (813) 368-7474

Date

Daytime Phone #