

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Lester B. Whitman
Secretary of State
OFFICE OF CORPORATIONS

APPROVED

STAMP - 11/29/93

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000081541 (3)

1. Corporate Name

LINDAHL CONSTRUCTION, INC.

Principal Place of Business

**12408 44TH AVE W
CORTEZ FL 34215
US**

Home Address

**P.O. BOX 297
CORTEZ FL 34215**

3. Date Incorporated or Qualified 11/29/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0450579	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. 199.01, Florida Statutes. ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt. # etc.	26. State Apt. # etc.
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent

**LINDAHL, STEVEN M
12408 44TH AVE W
CORTEZ FL 34215**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
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 Sections 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Agent in Charge)

(Signature of Registered Agent or Agent in Charge)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
1. NAME	D LINDAHL, STEVEN M	1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	503 72ND ST	2. STREET ADDRESS	
3. CITY, ST, ZIP	HOLMES BEACH FL 34217	3. CITY, ST, ZIP	
4. NAME	D LINDAHL, SANDRA K	4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS	503 72ND ST	5. STREET ADDRESS	
6. CITY, ST, ZIP	HOLMES BEACH FL 34217	6. CITY, ST, ZIP	
7. NAME		7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY, ST, ZIP		9. CITY, ST, ZIP	
10. NAME		10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST, ZIP		12. CITY, ST, ZIP	
13. NAME		13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY, ST, ZIP		15. CITY, ST, ZIP	
16. NAME		16. NAME	☐ Change ☐ Addition
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY, ST, ZIP		18. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.02(4)(b), Florida Statutes. I further certify that the information included in 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 agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 of the first filing form or as an attachment with an address.

SIGNATURE:

Sandra Lindahl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA LINDAHL

5-1-95

813-772-1805

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FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
32399-0001
Telephone: (904) 493-0001

APPROVED

APR 25 1995

STATE OF FLORIDA
TALLAHASSEE

DOCUMENT # P93000081896 (1)

1. Corporation Name

KAVEY WATER EQUIPMENT CORP.

DO NOT WRITE IN THIS SPACE

Principal Office Address: 550 CATTLEMEN RD
SARASOTA FL 34233
US

Mailing Address: 550 CATTLEMEN
SARASOTA FL 34233
US

3. Date Incorporated or Qualified: 11/22/1993
3a. Date of Last Report: 04/14/1994

2. Principal Office of Business: 21. State: FL 22. City: Sarasota 23. Country: US 24. State: FL 25. City: Sarasota 26. Country: US 27. State: FL 28. City: Sarasota 29. Country: US 30. State: FL 31. City: Sarasota 32. Country: US

4. FEI Number: 65-0451775
Applied For: Not Applicable

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

6. Election Campaign Financing: ☐ \$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: ADIREN, ARTHUR E
3908 78TH PL E
SARASOTA FL 34234

10. Name and Address of New Registered Agent: 81. Name: 82. Street Address (P.O. Box Number is Not Acceptable): 83. City: 84. State: 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: KAVEY, WILLIAM M	12.2 STREET ADDRESS: 6706 OAK HAMMOCK DR BRADENTON FL 34202	13.1 NAME: ☐ Change ☐ Addition	13.2 STREET ADDRESS: ☐ Change ☐ Addition
12.3 NAME: NATHANSON, ROGER T	12.4 STREET ADDRESS: 4720 ACORN CIR SARASOTA FL 34233	13.3 NAME: ☐ Change ☐ Addition	13.4 STREET ADDRESS: ☐ Change ☐ Addition
12.5 NAME: NATHANSON, LEONARD	12.6 STREET ADDRESS: 1817 SANDLEWOOD DR SARASOTA FL 34231	13.5 NAME: ☐ Change ☐ Addition	13.6 STREET ADDRESS: ☐ Change ☐ Addition
12.7 NAME: _____	12.8 STREET ADDRESS: _____	13.7 NAME: ☐ Change ☐ Addition	13.8 STREET ADDRESS: ☐ Change ☐ Addition
12.9 NAME: _____	12.10 STREET ADDRESS: _____	13.9 NAME: ☐ Change ☐ Addition	13.10 STREET ADDRESS: ☐ Change ☐ Addition
12.11 NAME: _____	12.12 STREET ADDRESS: _____	13.11 NAME: ☐ Change ☐ Addition	13.12 STREET ADDRESS: ☐ Change ☐ Addition
12.13 NAME: _____	12.14 STREET ADDRESS: _____	13.13 NAME: ☐ Change ☐ Addition	13.14 STREET ADDRESS: ☐ Change ☐ Addition
12.15 NAME: _____	12.16 STREET ADDRESS: _____	13.15 NAME: ☐ Change ☐ Addition	13.16 STREET ADDRESS: ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.03(3)(b), Florida Statutes. I further certify that the information included in 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 liquidator of the corporation. I hereby declare this report as required by Chapter 607, Florida Statutes, and that my name appears in the 12 or 13 of the 14 of the foregoing as an officer, director, receiver or liquidator.

SIGNATURE: William M Kavey 4-25/95 371-0939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR