**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000026262

1. Corporation Name

KNS CONSTRUCTION INC.

Principal Place of Business Mailing Address								+ (05:100) Its (01a) ather	10111 00111 00111 00111	.,		
1137 EDGEWATER DRIVE 1137 EDGEWATER DRIVE												
SUITE 101			SUITE 101					DO NO	WRITE IN THIS	SPACE		
ORLANDO FL 32 US	2804	URLAND	ORLANDO FL 32804					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
U3		00						03/29/1995				
2 Principal Pl	ace of Business	2a, Mai	ling Address					4. FEI Number			Арр	lied For
21	400 0. B40ees	<u></u> ⊢¬	26					59-3306326			Not	Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desi	red 🗀	-\$8:7	<b>5</b> Ac	ditional
22		27	27					5. Certificate of Status Desi	red 🗆	Fee	e Req	uired
City & State		City	City & State					6. Election Campaign Final	ncing	\$5.	00 h	May Be
23		28	28					Trust Fund Contribution		Add	led to	Fees
Zip	Country	Zip		Cour	ntry			8. This corporation owes th	e current year In			_
24	25		30					Personal Property Tax.		Yes		□No
	9. Name and Address of Cur	rrent Registered	I Agent					10. Name and Address of	New Registered	Agent		
05.5	BNA WEITH N				81	Name	<del>9</del>					
	ERNS, KEITH N		ļ			Stree	t Address	ddress (P.O. Box Number is Not Acceptable)				
	EDGEWATER DRIVE					<b></b>						
	E 101				83							
OHLA	ANDO FL 32804			ŀ	84	City				85 2	Zip C	ode
	<u></u>								FL	بلب		
office or re	to the provisions of Sections 607. egistered agent, or both, in the St m familiar with, and accept the ob	tate of Florida. Si	uch change was au	ıtnonzea	ו עס	tne con	o corporation's	tion submits this statement is board of directors. I hereby	accept the appo	intment a	s regi	istered
SIGNATURE									DATE			
	Signature, typed or printed name of registered	AND DIRECTO		13.	Ageni	t signature	e required will	en reinstating) ADDITIONS/CHANGES		ND DIRE	CTOF	RS IN 12
TITLE	D	AND DIRECTO	☐ DELETE	1.1 TIT	LE.			ADDITIONALIZATION		☐ Chai		Addition
NAME	SEVERNS, KEITH N			1.2 NA								
	1137 EDGEWATER DRIVE,	SHITE 101				r address	<u>.</u>					
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				2.2 NA								
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NAME				6.2 NA	ME							
STREET ADDRESS:				6.3 ST	REET	T ADDRES	s					
CINCEL ADDITION						T. 7IP						:

City-St-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an an attachment with an address, with all other like empowered.

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90208 012 \*\*\*150.00