## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97; \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000052585 (3)

S & K BUILDERS, INC.

## FILED Aug 14 1997 8:00am Secretary of State



Principal Plac	o of Rusinoss	Mailina Abdrage	<del></del>	<u> </u>	) 30161 64142 11601 81104 10101 0111 1604
Principal Place of Business Mailing Address					
324 14TH AVE N 324 14TH AVE N JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 3			L 32250		
		\		DO NOT WRITE IN THIS SPACE	
	`	/		3. Date Incorporated or Qualified	3a. Date of Last Report
				07/07/1995	04/19/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 22/2	BroadWater Ct.	Suite, Apt. M. etc.		59-3318034	Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.	SUJO API BOX 5	6441	5. Certificate of Status Desired	Fee Required
City & State // C/ _City & State // O			) / //	6. Election Campaign Financing	\$5.00 May Be
23 Jack	son ville, Fla.	28 tacksonville Be		Trust Fund Contribution	Added to Fees
Zip 2773	Country	<sup>Zip</sup> 322 40	Couply 30 Unva	<ol> <li>This corporation owes or has pair Personal Property Tax due June</li> </ol>	
24 3++	9. Name and Address of Current		30 VAVAI	10. Name and Address of New Reg	
KE	RLIN, THOMAS R		81 Name	7 0 1/1.	
1					
324 141H AVE N  JACKSONVILLE BEACH FL 32250  82 Street Address (P.O. Bro Number ig Not Acceptable)					
83					
,					
			84 City	Venoville	FL  85   Zip Code 225
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the pi	roose of changing its registered
office or r	registered agent, or both, in the State or im familiar with, and accept the obligat	of Florida. Such change was a	uthorized by the corporat	tion's board of directors. I hereby accep	the appointment as registered
•	in tarifilar with, and accept the obligat	10118 01, 000(1011 007.0000, 110	naa olaloics.		
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NOTE	Registered Agent signature requir	red when reinstating)	ĐATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	The state of the s
TITLE	D	☐ DELETE	1.1 TOTLE		Change
NAME	KERLIN, THOMAS R		1.2 NAME		
STREET ADDRESS	2212 BROAD WATER CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32225		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-\$T-ZIP			2.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		T Access T Labor
TITLE		DELETE	5.1 TITLE		Change  Addition
NAME ·			5.2 NAME	÷	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		Acade
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	**		6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. I do herel	by certify that the information supplied	with this filing does not qualif-	y for the exemption stated	d in Section 119.07(3)(i), Florida Statutes	. I turther certify that the

I do hereby certify that the information supplied with first fling does not quality for the exemption stated in Section 119.07(3)(i), Horida 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 12 if changed, or on an anathern with an address.