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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000058914

i, corporation	i ivaine									
K.L.D. C	ONSTRUCTION, INC.									
Principal Place of Business Mailing Address							1 (80 11 80 1 (10 10)01 01(1) 0	(B))))	\$ 0 1501 10610 10101	(1811 8/8) (68)
2501 27TH AVENUE 2501 27TH AVENUE						1				
SUITE F-1B VERO BEACH FL 32960 VERO BEACH FL 32960 VERO BEACH FL 32960							DO NOT WRITE IN THIS SPACE			
VENU DEACH I	L 32500	TENO DENOTITE DESC					3. Date Incorporated or Qua	alifed	···	4
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number		Ap	plied For
21		26			Ì	65-0600057			t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desir	ed []	\$8.75		
22		27					-	Fee Re	 -	
City & State	e	City & State				Election Campaign Finan Trust Fund Contribution	cing 🖂	\$5.00 Added t		
Zip	Country	Zip	Cour	ntry		+	This corporation owes the	e current vear In		
24	25	29 30	0	•			Personal Property Tax.		∐Yes	[XNo
	9. Name and Address of Current	Registered Agent					10. Name and Address of I	New Registered	l Agent	
250	D 34/4 1 1 4 4 4 0		1	81	Name					
DEPP, WILLIAM S				82	Street	Address	(P.O. Box Number is Not Ac	cceptable)		_
2501 27TH AVENUE SUITE F-1B				_					<u></u> -	
VERO BEACH FL 32960				83				•		
			İ	84	City			Fl	85 Zip (j
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation william S. Depp, Page 1	ons of, Section 607.0505, Florid	rorizea	Dy t	tne corpo	corpora oration's	tion submits this statement for board of directors. I hereby	or the purpose o accept the appo	f changing its intment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered /	Agent	t signature n	equired wh	en reinstating)	DATE		
12.	OFFICERS AND		13.				ADDITIONS/CHANGES T	O OFFICERS A		
TITLE	PD DELETE 11								Change	☐ Addition
NAME	DCIT, MCCBAILO		1.2 NA							-
STREET ADDRESS	2001 27 111 11121100, 001121				ADDRESS					
CITY-ST-ZIP				Y-ST	- Z)P	<u> </u>			☐ Change	Addition
TITLE	OID -		2.1 TITI 2.2 NA							
NAME			1		ADDRESS					
STREET ADDRESS				2.4 CITY-ST-ZIP		~ - -	****** **			-
CITY-ST-ZIP TITLE				3.1 TITLE			 		☐ Change	☐ Addition
NAME	3		3.2 NA	3.2 NAME						Ì
STREET ADDRESS			3.3 STF	REET	ADDRESS					Ì
CITY-ST-ZIP				3.4. CITY-ST-ZIP			·			
TITLE	☐ DELETE 4.11		4.1 TIT	4.1 TITLE					☐ Change	☐ Addition
NAME			4. 2 NA	ME						
STREET ADDRESS			4.3 STI	REET	ADDRESS					
CITY-ST-ZIP	<u> </u>		4.4 CIT		r-zip					C A dated
TITLE		☐ DELETE	5.1 TIT				•		☐ Change	☐ Addition
NAME			. 5.2 NA	ME						

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 on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

□ DELETE

Change

☐ Addition