

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000069937 (7)

1. Corporation Name

K & H CONSTRUCTION, INC.



Principal Place of Business 713 MEADOW CT. FT WALTON BEACH FL 32547	Mailing Address 713 MEADOW CT. FT WALTON BEACH FL 32547-1013
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3. Date Incorporated or Qualified 09/07/1995	3a. Date of Last Report 02/07/1996
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2. Principal Place of Business 21. 509 SIOUX CR. Subc. Apt. #, etc.	2a. Mailing Address 26. 509 SIOUX CR. Suite, Apt. #, etc.
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4. FEI Number 59-3342330	Applied For Not Applicable
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22. City & State 23. Ft. Walton Beach, FL	27. City & State 28. Ft. Walton Beach, FL
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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24. 32547 25. Okaloosa	29. 32547 30. Okaloosa
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent GALLOWAY, KEVIN D 713 MEADOW CT. FT WALTON BEACH FL 32547	10. Name and Address of New Registered Agent
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

81. Name Kevin D. Galloway	82. Street Address (P.O. Box Number is Not Acceptable) 509 SIOUX CR.	83.	84. City Ft. Walton Bch.	85. Zip Code 32547
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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 _____ DATE _____
(Signature type to protect name of registered agent and state if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D GALLOWAY, KEVIN D 713 MEADOW CT. FT WALTON BEACH FL 32547	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP T James Alan Brackett 820 Gibson Dr. #46 Ft. Walton Bch FL 32547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D STEWART, HEIDI 713 MEADOW CT. FT WALTON BEACH FL 32547	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP T Dennis Criddle 4254 Ida Coun CR. Niceville, FL 32578	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 included 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.

SIGNATURE:  4/4/97 (904)865-1895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone