2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P95000069937

1. Entity Name
K & H CONSTRUCTION, INC.

FILED
07 JUN 13 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4488 NEWMARKET RD NICEVILLE, FL 32578 US	4488 NEWMARKET RD NICEVILLE, FL 32578 US

06072007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1370 County Hwy 393 N	1370 County Hwy 393N
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Santa Rosa Beach FL	City & State: Santa Rosa Beach FL
Zip: 32459 County: Walton	Zip: 32459 County: Walton

4. FEI Number: 59-3342330 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GALLOWAY, KEVIN D 4488 NEWMARKET RD NICEVILLE, FL 32578	Name Street Address (P.O. Box Number is Not Acceptable): 1370 County Hwy 393 N City: Santa Rosa Beach FL Zip Code: 32459

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Kevin D Galloway 6-8-2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GALLOWAY, KEVIN D 4488 NEWMARKET RD NICEVILLE, FL 32578	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1370 County Hwy 393N Santa Rosa Beach FL 32459
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition S Dean Brafford 301 Bayshore Dr Niceville FL 32578
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$\frac{1}{2}$ 6/13	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400104424954 06/15/07--01025--017 **70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kevin D Galloway 6-8-2007 850-685-8491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #