FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000078102 (7) DOCUMENT #

1. Corporation Name

KAM CONTRACTING, INC.



1853 VICTORIA			-		
FORT MYERS I		1853 VICTORIA AVENUE FORT MYERS FL 33901	:		
TOTAL MILITO				3. Date Incorporated or Qualified 10/09/1995	3a. Date of Last Report
		2a, Mailing Address		4. FEI Number	Applied For
2. Principal Plac	ce of Business	26 4299 - B	Ochand Ca	- 59-3345668	Not Applicable
1 4299 - Suite, Apt. #.	, etc.	Suite, Apt. #, etc.	Island Cu us FL	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	Myers FC	City & State 28 339/9	Lee	Trust Fund Contribution	\$5.00 May Be Added to Fees
3 3 3 9/ Zip	Country	Zφ	Country	8. This corporation has liability for Florida Statutes	intangible tax under s=199.032,
24	25	29	30	10. Name and Address of New F	
	9. Name and Address of Current	Registered Agent	81 Name 4	1	
DYDOOL	C WADE II ECO		L K	EVIN K Keni	2 e y
	S, WADE H ESQ		82 Street Add	iress (P.O. Box Number is Not acceptable)	Circle
	TORIA AVENUE		83		
FUKI MY	ERS FL 33901		F	+ Myers FL	33919
			84 City	•	FL 85 Zip Code
	44, 4554	and CO2 1600 Florida Chat. 4	as the above paried corry	oration submits this statement for the pu and of directors. I hereby accept the app	rpose of changing its registered office
11. Pursuant to	o the provisions of Sections 607.0502 and agent, or both, in the State of Florid	and 607, 1508, Florida Statut ia. Sach change was authoriz	ed by the corporation's boa	oration submits this statement for the po and of directors. I hereby accept the app	ointment as registered agent. I am
familiar with	h, and accept the obligations of, Section	on 607.0505, Florida Statutes	195		4-14-96
SIGNATURE .	KEUIN K KO	SKINEY	OTE: Regert area Agent signature reger	radi obasi zajostanist	DATE
	signature hypeotor protect name of religioned agent OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
12.	OFFICERS AND	DELETE			Chases Mdd.t.oc
TITLE			F	() I - JEWALEY	_
			1.2 NAME	FUTN KELYING L	1.
NAME			1.2 NAME	EVIN KENNY Circ	le
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I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quarry for the exemption state in declared in declared in the same legal effect as if made under 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 certify 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.

941-482-6762