

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000078102 (7)

1. Corporation Name  
KAM CONTRACTING, INC.



Principal Place of Business  
1853 VICTORIA AVENUE  
FORT MYERS FL 33901

Mailing Address  
1853 VICTORIA AVENUE  
FORT MYERS FL 33901

3. Date Incorporated or Qualified 10/09/1995  
3a. Date of Last Report

2. Principal Place of Business

21 4299-B Island Cir

Suite, Apt. #, etc.

22 Ft Myers FL

City & State

23 33919 Lee

Zip

Country

2a. Mailing Address

26 4299-B Island Cir

Suite, Apt. #, etc.

27 Ft Myers FL

City & State

28 33919 Lee

Zip

Country

4. FEI Number  
59-3345668

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes. Yes ☒ No ☐

9. Name and Address of Current Registered Agent

PARSONS, WADE H ESQ  
1853 VICTORIA AVENUE  
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name KEVIN K Kenney  
82 Street Address (P.O. Box Number is Not Acceptable)  
4299-B Island Circle  
83 Ft Myers FL 33919  
84 City FL 85 Zip Code

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

KEVIN K KENNEY

(NOTE: Registered Agent signature required when reinstating)

4-14-96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
P/T/S	KEVIN KENNEY	4299-B Island Circle	Ft Myers FL 33919	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Michael Wayne Griffin	15397 Mountraker Ct	Unit 602 N Ft Myers FL 33917	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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\*\*\*200.00

4-20-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

KEVIN KENNEY

4-14-96

941-482-6762

CR2E034 (12/95)