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Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
4299-B ISLAND CIRCLE
FORT MYERS FL 33919

Mailing Address
4299-B ISLAND CIRCLE
FORT MYERS FL 33919-4435



2. Principal Place of Business
21 10721 Habitat tr
Suite, Apt. #, etc.

22 Bokeelia FL
City & State

23
Zip 33922 Country Lee

2a. Mailing Address
26 10721 Habitat tr
Suite, Apt. #, etc.

27
28 Bokeelia FL
City & State

29 33922 30 Lee
Zip Country

3. Date Incorporated or Qualified
10/09/1995

3a. Date of Last Report
04/20/1996

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

KENNEY, KEVIN K
4299-B ISLAND CIRCLE
FORT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name Kevin Kenney

82 Street Address (P.O. Box Number is Not Acceptable)
10721 Habitat tr

83 Bokeelia FL 33922

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 KENNEY

Kevin Kenney

2-25-97

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST
NAME KENNEY, KEVIN
STREET ADDRESS 4299-B ISLAND CIRCLE
CITY-ST-ZIP FT MYERS FL 33919
☐ DELETE

TITLE V
NAME GRIFFIN, MICHAEL W
STREET ADDRESS 15397 MOONRAKER COURT UNIT 602
CITY-ST-ZIP NORTH FT MYERS FL 33917
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PVST
12 NAME Kevin Kenney
13 STREET ADDRESS 10721 Habitat tr
14 CITY-ST-ZIP Bokeelia FL 33922
☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
☐ Change ☐ 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 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

Kevin Kenney

2/25/97 941 283 2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)