

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 # P95000097187 (5)

1. Corporation Name

KITE & WEAVER PLASTERING, INC.



Principal Place of Business

4215 SOUTHPOINT BLVD.
SUITE 100
JACKSONVILLE FL 32216

Mailing Address

4215 SOUTHPOINT BLVD.
SUITE 100
JACKSONVILLE FL 32216

2. Principal Place of Business

2a. Mailing Address

21 PO Box 250

26 P.O. Box 250

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Bostwick, FL

28 Bostwick, FL

Zip

Country

Zip

Country

24 32007

25 USA

29 32007

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
12/26/1995

3a. Date of Last Report

N/A

4. FEI Number
59-3357148

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

10. Name and Address of New Registered Agent

SCHNEIDER, MICHAEL N
4215 SOUTHPOINT BLVD.
SUITE 100
JACKSONVILLE FL 32216

81 Name

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

83

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

Signature, typed or printed name of registered agent and fee (if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME KITE, SHANE
STREET ADDRESS P.O. BOX 250 N/A
CITY-ST-ZIP BOSTWICK FL 32007

TITLE D ☐ DELETE

NAME WEAVER, THOMAS
STREET ADDRESS P.O. BOX 250 N/A
CITY-ST-ZIP BOSTWICK FL 32007

TITLE D ☐ DELETE

NAME WEAVER, DOYLE
STREET ADDRESS P.O. BOX 250 N/A
CITY-ST-ZIP BOSTWICK FL 32007

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE VP ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ST ☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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: Shane Kite Shane Kite

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

Date

329-6616

Daytime Phone #

CR2E034 (12/95)