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PROFIT CORPORATION ANNUAL REPORT

1997

CIGNATURE.



FLORIDA DEPARTMENT OF STATE

FILED

May 16 1997 8:00am

Secretary of State

4-29-97

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000013972 (0)**

KELZER CONCRETE CUTTING. INC.

Principal Place of Business Mailing Address 741 BAXBY AVENUE 741 SAXBY AVENUE ORLANDÓ FL 32835 ORLANDO FL 32835-1811 3. Date incorporated or Qualified 3a. Date of Last Report 02/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Bo Trust Fund Contribution 23 28 Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes 🗶 Yes 🔲 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Kelzer, Kenneth R 741 SAXBY AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 ORLANDO FL 32835 83 84 City 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, typed or printed name of registered agent and title if applicable (NOT) - Begistored Agent signature required when rehistating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 96/6) DELFTE TITLE 1.1 100 Change Addition NAME KELZER, KENNETH R 1.2 NAME CR2E034 741 SAXBY AVENUE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32835 1.4 CHY-ST-7(P CITY-ST-ZIP DELETE TITLE 2 1 10LE Change Addition vice president 2.2 NAME NAME M ADD 23 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CHY-ST-ZIP DELETE Change Addition TITLE 31 10LE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-7IP CITY-ST-ZIP DELETE Change Addition 4.130UE TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4,CITY- \$1-7IP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3:STREET ADDRESS CITY-ST-ZIP 54 CITY - ST- ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 INAME STREET ADDRESS 6.3 ISTREET ADDRESS CITY-ST-ZIF 6.4 CITY - ST- ZIP 14. I do hereby certify that the information supplied with this filing closs 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 composition 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 13/1 of langed, or on an attachment with an address.

langed, or on an attachment with an address.