

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jul 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <i>Dennis R. Morris</i> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000020056 (2)

1. Corporation Name

K & H CONSTRUCTION OF NORTHWEST FLORIDA, INC.

Principal Place of Business

509 SIOUX CIRCLE
FT WALTON BEACH FL 32547

Mailing Address

509 SIOUX CIRCLE
FT WALTON BEACH FL 32547

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1997

2. Principal Place of Business

21 P.O. BOX 1025

Suite, Apt. #, etc.

22

City & State

23 Niceville FL

Zip

24 32588-1025

Country

25 USA

2a. Mailing Address

26 P.O. BOX 1025

Suite, Apt. #, etc.

27

City & State

28 Niceville FL

Zip

29 32588-1025

Country

30 USA

4. FEI Number

59-3441524

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

GALLOWAY, KEVIN D
509 SIOUX CIRCLE
FT WALTON BEACH FL 32547

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	GALLOWAY, KEVIN D	
STREET ADDRESS	509 SIOUX CIRCLE- 338 JAMAICAWAY	
CITY-ST-ZIP	FT WALTON BEACH FL 32547 Niceville FL 32578	

TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	GARY CLARK	
STREET ADDRESS	706 Jonleer Dr.	
CITY-ST-ZIP	Ft Walton Beach FL 32547	

TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	DON TURNER	
STREET ADDRESS	415 Juniper Lake Rd.	
CITY-ST-ZIP	DeFuniak FL 32433	

TITLE	VICE-PRESIDENT	<input type="checkbox"/> DELETE
NAME	MELOI GALLOWAY	
STREET ADDRESS	338 JAMAICAWAY	
CITY-ST-ZIP	Niceville, FL 32578	

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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***150.00

14. I 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 D Galloway* 4-4-98 (950) 8/5-1895

CR2E034 (10/97)