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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## May 10, 1999 8:00 am Secretary of State

05-10-1999 90235 002 \*\*\*150.00

## DOCUMENT # P97000020056

1. Corporation Name

K & H CONSTRUCTION OF NORTHWEST FLORIDA, INC.

DO NOT WRITE IN THIS SPACE											
NOCEVILE FL 32588-1025 US    Society   Society	Principal Place of Business Mailing Address						- I (MB)(AN) (III) IB)() (AN) AN)	1 86111 88111 88111	7 11 E(1) BES1( Beiet e		
2. Principal Place of Business 21		*	NICEVILLE FL 32588-1025	NICEVILLE FL 32588-1025							
2. Mailing Address 21. 1498	!						'	ed			
Sulte, Apt. #, etc.  City & State  True Fund Contribution  Added to Fees  So. 90 May Be  Added to Fees  Added to Fees  Added to Fees  So. 90 May Be  Added to Fees  Added to Fees  So. 90 May Be  Added to Fees  Added to Fees  So. 90 May Be  Added to Fees  Added to Fees  So. 90 May Be  Added to Fees  Added to Fees  So. 90 May Be  Added to Fees  Added to Fees  So. 90 May Be  Added to Fees  Added to Fees  So. 90 May Be  Added to Fees  Added to Fees  So. 90 May Be  Added to Fees  Added to Fees  So. 90 May Be  Added to Fees  Added to Fees  So. 100 May Be  Added to Fees  Added to Fees  So. 100 May Be  Added to Fees  Added to Fees  So. 100 May Be  Added to Fees  Added to Fees  So. 100 May Be  Added to Fees  Added to Fees  So. 100 May Be  Added to Fees  Added to Fees  So. 100 May Be  Added to Fees  Added to Fees  So. 100 May Be  Added to Fees  Added to Fees  So. 100 May Be  Added to Fees  Added to Fees  So. 100 May Be  Added to Fees  Added to Fees  So. 100 May Be  Added to Fees  Added to Fees  So. 100 May Be  Added to Fees  Added to Fees  So. 100 May Be  Added to Fees  Added to Fees  So. 100 May Be  Added to Fees  Added to Fees  So. 100 May Be  Added to Fees  Added to Fees  So. 100 May Be  Added to Fees  Adde	2. Principal Pl	ace of Business	2a. Mailing Address						Арг	lied For	
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Site   Suite, Apt. #, etc.   Site   Sit	21 LUSS New motor Pd 25 4488 News			nokot Rd.			59-3441524		<b>★</b> Not	Applicable	
City & State 23 Nicounity 24 3 0578  25 Country 26 Country 27 Country 28 Name and Address of Current Registered Agent  81 Name  GALLOWAY, KEVIN D 509 SIOUX CIRCLE FT WALTON BEACH FL 32547  10. Name and Address of New Registered Agent  82 Street Address (P.O. Box Number is Not Acceptable)  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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I herieby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I herieby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I herieby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I herieby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I herieby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I herieby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I herieby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I herieby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I herieby accept the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I herieby accept the purpose of changing its registered	Suite, Apt.		Suite, Apt. #, etc.	124.1	•			ı 🗆	¥		
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Sequence of the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits his 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 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 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, 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 agent agent and the invalidation of the corporation's board of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered agent. January agent and title if agent agent. January agent agent agent agent. January agent agent agent. January agent agent agent. January agent agent agent. January agent agent. January agent agent. January agent agent. January agent. Ja				Countr	у.		8. This corporation owes the	current year Ir	ntangible		
GALLOWAY, KEVIN D 509 SIOUX CIRCLE FT WALTON BEACH FL 32547  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes. The above-name of composition submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered officer 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, 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, and accept the obligations of, Section 607.0902, Florida Statutes.  SIGNATURE  Signature. Typed of printed name of registered Agent agent and title if applicable.  (NOTE Registered Agent agent and even the including the registered Agent agent and title if applicable.  (NOTE Registered Agent agent and even remaissing)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DP	24 2257	8 [25] DKalooka	29 32578 3	ol Oko	٦la	OOSA	Personal Property Tax.		☐ Yes	□No	
GALLOWAY, KEVIN D 509 SIOUX CIRCLE FT WALTON BEACH FL 32547  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   85   Zip Code   85   Zip Code   86   City   FL   85   Zip Code   87   Presuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes. The analysis of registered agent, or both, in the State of Florida. Such change was authinorized by the corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  88   City   FL   85   Zip Code   89   Signature, required with a corporation submits this statement for the purpose of changing its registered agent agent, and accept the obligations of, Section 607.0505, Florida Statutes.  81   Signature, typed or printed memor of registered agent and title if applicable.  81   President of Agent agenture required when reinstating)  82   Street Address (P.O. Box Number is Not Acceptable)  83   Signature, typed or printed memor of registered agent agenture required when reinstating)  84   City   FL   85   Zip Code    85   Zip Code    86   Zip Code    87   Signature, typed or printed memor of registered agent agenture required when reinstating)  86   DATE    87   DATE   DATE   DATE    87   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12    88   City Signature, typed or printed memor of registered agent agenture required when reinstating)  89   DATE   DATE   DATE    80   DATE   DATE   DATE    80   DATE   DATE   DATE    80   DATE   DATE   DATE    80   DATE   DATE    80   DATE   DATE    81   DATE   DATE    82   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12    81   City Signature, typed or printed memor of registered agent agent agent agent required when reinstating)  81   DATE   DATE    82   DATE   DATE   DATE    83   DATE   DATE   DATE    84   City Signature, typed or printed memor of registered agent	<u></u>		Registered Agent				10. Name and Address of Ne	w Registered	J Agent		
SIGNATURE  TILE  DP  OFFICERS AND DIRECTORS  TILE  DP  OFFICERS AND DIRECTORS  TILE  OFFICERS AN		_	81	1	Name						
SOB SIOUX CIRCLE FT WALTON BEACH FL 32547  83  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, are formula, 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 sepreture required when renatating)  DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE DP Change Addition  Change Addition  TITLE VP DELETE 11. TITLE VP DELETE 21. TITLE VP DELETE 31. TITLE VP DELETE 31. TITLE Change Addition Change Cha					,	Street Addr	ess (P.O. Box Number is Not Acc	entable)			
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office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board or directors. Thereby 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.				°*	*	City		FI	L  63  2.5 °		
Signature. typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent segreture required when reinstating)   DATE	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										
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STREET ADDRESS 415 .IUNIPER LAKE RD. 4.3 STREET ADDRESS	STREET ADDRESS	415 JUNIPER LAKE RD.				ADDRESS					

CITY-ST-ZIP 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, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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**DEFUNIAK FL 32433** 

DELETE

☐ DELETE

Daytime Phone #

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Addition

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