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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000054972 (9) DOCUMENT #

K & B GENERAL CONTRACTING, INC.

Principal Place of Business

Mailing Address

FILED Feb 04 1998 8:00am Secretary of State



POST OFFICE BOX 209 POST OFFICE BOX 209 LECANTO FL 34460 **LECANTO FL 34460** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/23/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59-3456037 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zio Country ZID 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. ☐ Yes 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name abbott, glen C 706 N SUNCOAST BLVD **B2** Street Address (P.O. Box Number is Not Acceptable) **CRYSTAL RIVER FL 34429** 83 84 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. 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 (NOTE: Registered Agent's greature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change 1.1101# TITLE ROBERT K. BASS 1.2 NAME NAME 4016 W. SOUTHERN ROAD 1.3 STREET ADDRESS STREET ADDRESS LECANTO, FL 34461 1.4 CHY-SI-ZIP CITY-ST-ZIP X Addition DELETE Change 21 TITLE TITLE ROBERT E. BASS 4016 W. SOUTHERN ROAD NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS LECANTO, FL 34461 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - \$1 - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change TITLE 5 1 TITLE NAME 5.2 NAME 5.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELFTE Change ■ Addition 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CITY- \$1-7IP CITY-ST-ZIP

14. Thereby certify that the information supplied with this billing 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