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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

30

1999

Zip

24

DOCUMENT # P97000082402

Country

9. Name and Address of Current Registered Agent

25

KENSINGTON CONSTRUCTION, INC.

Principal Place of Business Mailing Address 1120 SAVANNAH TRACE 1120 SAVANNAH TRACE TALLAHASSEE FL 32312 TALLAHASSEE FL 32312 3. Date Incorporated or Qualifed 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 22 City & State City & State 23 28 Country

Zip

29

Mar 04, 1999 8:00 am **Secretary of State**

03-04-1999 90213 039 ***150.00



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Yes

Not Applicable

DO NOT WRITE IN THIS SPACE

09/23/1997

59-3477701

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

WHITFIELD, KENNETH			81	Name	<u>.</u>			
1120 SAVANNAH TRACE TALLAHASSEE FL 32312				2 Street Address (P.O. Box Number is Not Acceptable) 3				
				84 City FL 85				
office or r	to the provisions of Sections 607.0502 and egistered agent, or both, in the State of Flo m familiar with, and accept the obligations	orida. Such change was aut	horized by	the corporatio	oration submits this stater in's board of directors. I h	егеру ассерт те а	ppointment as reg	egistered istered
SIGNATURE	Signature, typed or printed name of registerer agent and ti	tte applicable. (NOTE: R	Registered Ager	nt signature required	when reinstating)	12 PEB	77	
12.	OFFICERS AND DI	RECTORS	13.		ADDITIONS/CHANG	SES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	Ρ /	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	WHITFIELD, KENNETH 1120 SAVANNAH TRACE		1.2 NAME 1.3 STREET ADDRESS					
STREET ADDRESS								
CITY-ST-ZIP	TALLAHASSEE FL 32312		1.4 CITY-S	T-ZIP				<u> </u>
TITLE	☐ DELETE		2.1 TITLE				☐ Change	Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	T ADDRESS				
CITY-ST-ZIP			2. 4 CfTY-8	ST-ZIP			<u> </u>	-
TITLE		☐ DELETE	3.1 TITLE				Change	☐ Additio
NAME			3.2 NAME					
STREET ADORESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY- 9	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Change	Additio Additio
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	TADORESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	TADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	Addition Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-ZIP			6.4 CITY-S	T-ZIP				

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.