2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000019787** Apr 24, 2000 8:00 am Secretary of State KAL CONSTRUCTION COMPANY, INC. 04-24-2000 90087 036 ***150.00 Principal Place of Business Mailing Address 1404 BUCKINGHAM RD. 1404 BUCKINGHAM RD. WINTER PARK FL 32789 WINTER PARK FL 32789-5549 3. Mailing Address 2. Principal Place of Business Bent Bow Trail 7600 Bent Bow Trail DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3501835 Not Applicable \$8.75 Additional 5. Certificate of Status Desired _______ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KALLINGER, JAMES R Street Address (P.O. Box Number is Not Acceptable) 7600 Bent Bow Trail 1404 BUCKINGHAM RD. WINTER PARK FL 32789 32792 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE TITLE KALLINGER, JAMES R NAME NAME 7600 Bent Bow Trail Winter Park FL 32742 STREET ADDRESS STREET ADDRESS 1404 BUCKINGHAM RD. CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete TITLE K Change ☐ Addition TITI F KALLINGER, DANA C NAME NAME 7600 Bent Bon Trail STREET ADDRESS 1404 BUCKINGHAM RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 Delete ☐ Addition TITLÉ Change Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNATURE AND TYPED NAME OF

13. 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 report or supplemental 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 11 or Block 12 if

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