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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000043904

KB CON	STRUCTION & CONSULTING	a, INC.					
Principal Place	of Business	Mailing Address				\$ 68171 68211 81868 11110 16111	##()(\$(0) (\$0)
1000 SO PENINSULA DR 1000 SO PENINSULA DR DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118					DO NOT WRIT	E IN THIS SPACE	
					3. Date Incorporated or Qualifed		
					05/15/1998		
2. Principal P	ace of Business	2a. Mailing Address		-	4. FEI Number	Ar	oplied For
21		26			59-3512274		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional equired
City & State	9	City & State	`		6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes the curre	nt year Intangible	_
24	24 25 29 30				Personal Property Tax.	Yes	No
	9. Name and Address of Current	Registered Agent		·	10. Name and Address of New R	egistered Agent	
	PA 3474 1 4 4 4 4 1 1		81	Name k	KEVIN L BROW	n ,	
HARTY, WILLIAM H				Street Addr	ess (P.O. Box Number is Not Acceptal		
1000 SO PENINSULA DR				<u>650</u>			
DAYTONA BEACH FL 32118			83				
			84	City , /		85 Zip	Code _
				' -{	OLLY HILL	- FL 3	2117
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the above	e-named corp	poration submits this statement for the pon's board of directors. I hereby accep	ourpose of changing its	registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	la Statutes		on's board of directors; Thereby accep	, and appointment do to	79.010704
SIGNATURE	Luil Son	_ KEVIN	LE	SZOWN	PRESIDENT	1/10/9	<u> 19</u>
GIONATORE	Signature, typed or printed name of registered agent		egistered Agen	t signature require	d when reinstating)	DATE	
12.	OFFICERS ÁNI		13.		ADDITIONS/CHANGES TO OFF	Change	Addition
TITLE	D	☐ DELETË	1.1 TITLE		1		☐ Addigon
NAME	HARTY, WILLIAM H		1.2 NAME				
STREET ADDRESS	1000 00 1 2111110021 011		1.3 STREET	ADDRESS			
CITY-ST-ZIP			1.4 CITY-S	T-ZIP			- Addition
TITLE			2.1 TITLE			☐ Change	Addition
NAME	KEVIN L. BROWN 650 6ST. HOLLY HILL PL 32117 23		2.2 NAME				1
STREET ADDRESS	650 65% HOLLY HI	ILL PL 32117	2.3 STREET	FADDRESS			{
CITY-ST-ZIP			2.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME		~		
STREET ADDRESS			3.3 STREET				ĺ
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE	A 2 10 7 7	· ~~	Change	Addition
NAME		•	4.2 NAME	· 1			ļ
STREET ADDRESS			4.3 STREE	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME		,	5.2 NAME				ļ
STREET ADDRESS			5.3 STREE				1
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE	1		☐ Change	☐ Addition

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.

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS