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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED Feb 21, 1999 8:00 am Secretary of State

	ANNUAL REPORT			Secretary of State DIVISION OF CORPORATIONS				02-21-1999 90037 046 ***150.00					
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				ENT INC									
KELLOGG	& KIMSEY CON	BIRUCTION	MANAGEN	ENT, INO.			j	11111111			99111 11111 1191		A (A) (11)
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Principal Place of Business Mailing Address Mailing Address 6077 CLARK CENTER AVENUE 6077 CLARK CENTER AVENUE							ļ						
6077 CLARK CEN SARASOTA FL 34	ITER AVENUE		SARASOTA FL 34238					DO NOT	WRITE	E IN THIS SE	PACE		
SAMAGON (2 5)			,				3	3. Date Incorp	orated or Qua	alifed			
								08/12/19					
	(Dinana		2a. Mailing Ad	dress A			4	4 FFI Numbe	r	<i>6</i> ^		<u> </u>	ied For
2. Principal Pla	ce of Business	ŀ	26 34/2	Clock	. Fo	ad_		<u> 65 - 0</u>	8560	70		Not A	Applicable
Suite Ant #	, etc		Suite, Apt.					5. Certifcate of	f Status Desi	red		Fee Requ	
22	,_0.0 ,		27 #	199					<u> </u>			\$5.00 M	
City & State			City & Sta	ite	,	~/	1 '	6. Election Ca	Contribution	lung		Added to	
23				150 TA	Country			8. This corpor		e curre	nt year Intar	ngible	
Zip	Count	ry	Zip 342	3 / 30	<u> </u>		1	Personal P	roperty Tax.			∟ Yes ∟	□No
24	25							0. Name and	Address of	New R	egistered A	gent	
	9. Name and Addr	ess of Current r	egistered Age		81	Name			•			•	_ •
KIMS	EY, CHARLES				82	Street A	Address	(P.O. Box Nu	mber is Not A	ccepta	ble)		
6077 CLARK CENTER AVENUE						Jucota			<u> </u>				
	ASOTA FL 34238				83	3							
					84	City					FL	85 Zip C	ode
						1		1 20-41	is statement	for the		hanging its r	egistered
11. Pursuant	to the provisions of Se	ctions 607.0502	and 607.1508, F	lorida Statutes	the aboverized by	ve-named of v the compo	corpora oration's	tion submits to board of dire	ctors. I hereb	y accep	t the appoin	tment as reg	istered
office or re	egistered agent, or bo m familiar with, and ac	h, in the State of cept the obligation	riorida. Such d ons of, Section 6	07.0505, Florid	a Statute	s.							
							required with	nen reinstating)			DATE		
SIGNATURE	Signature, typed or printed na	me of registered agent a	and title if applicable.	(NOTE: R	13.	ent signature it	required with	ADDITION	S/CHANGES	TO OF	FICERS AN	D DIRECTO	RS IN 12
12.		OFFICERS AND	DIRECTORS	DELETE	1.1 TITLE		\top		<u></u>			☐ Change	☐ Additio
TITLE	D CHARLE	e	-	_	1.2 NAME								
NAME	KIMSEY, CHARLE 6077 CLARK CEN	S ITED AVENUE			1.3 STRE	ET ADDRESS							
STREET ADDRESS	SARASOTA FL 34				1.4 CITY	ST-ZIP	<u></u>					☐ Change	☐ Additi
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CITY-ST-ZIP				DELETE	6.1 TIT	LE						Change	_,

6.4 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 attachnish twith an address, with all other like empowered. CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

DELETE