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FILED
Jun 25, 1999 8:00 am
Secretary of State

06-25-1999 90003 039 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000103331

1. Corporation Name
KIEFER CONSTRUCTION, INC.



Principal Place of Business

Mailing Address

~~742 VINTAGE CIRCLE~~
~~DESTIN FL 32541~~

~~742 VINTAGE CIRCLE~~
~~DESTIN FL 32541~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1998

4. FEI Number

59-3546443

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **4565 Vintage Circle**

2a. Mailing Address

26 **4565 NAUTICAL COURT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Destin, FL**

City & State

28 **DESTIN, FL**

Zip

24 **32541**

Country

Zip

29 **32541**

Country

30

9. Name and Address of Current Registered Agent

~~KIEFER, BRYAN J~~
~~742 VINTAGE CIRCLE~~
~~DESTIN FL 32541~~

10. Name and Address of New Registered Agent

81 Name

Bryan J. Kiefer

82 Street Address (P.O. Box Number is Not Acceptable)

4565 Vintage Circle

83

84 City

Destin

FL

85 Zip Code

32541

11. Pursuant to the provisions of Sections 607.0602 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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Bryan J. Kiefer

(NOTE: Registered Agent signature required when reinstating)

DATE

6/15/99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **KIEFER, KATHY P**
STREET ADDRESS **742 VINTAGE CIRCLE**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE **D** ☐ DELETE
NAME **KIEFER, BRYAN J**
STREET ADDRESS **742 VINTAGE CIRCLE**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addit
1.2 NAME **KATHY P. KIEFER**
1.3 STREET ADDRESS **4565 NAUTICAL COURT**
1.4 CITY-ST-ZIP **DESTIN, FL 32541**

2.1 TITLE **D** ☒ Change ☐ Addit
2.2 NAME **BRYAN J. KIEFER**
2.3 STREET ADDRESS **4565 NAUTICAL COURT**
2.4 CITY-ST-ZIP **DESTIN, FL 32541**

3.1 TITLE ☐ Change ☐ Addit
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addit
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addit
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addit
6.2 NAME
6.3 STREET ADDRESS
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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/15/99 (850) 650-8658