2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097803

BK CONSTRUCTION CO., INC.

Principal Place of Business Mailing Address 12232 LYNDELL PLANTATION DRIVE 12232 LYNDELL PLANTATION DRIVE

FILED Jan 19, 2000 8:00 am Secretary of State

01-19-2000 90144 024 ***150.00

PANAMA CITY BEACH FL 32407		PANAMA CITY BEACH FL 32407-2620			s iddaidda (ab ibhid (Bisi dhìir bair)		0657	7
2. Principal Place of Business		3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc. City & State			DO NOT WRITE IN THIS SPACE			
City & State	е			4.	4. FEI Number 59 - 3608530			oplied For of Applicable
Zip	Country	Zip	Country	5. (Certificate of Status Desired		8.75 Add	
	6. Name and Address of Current		7. 1	7. Name and Address of New Registered Agent				
	L, BRIAN J 2 LYNDELL PLANTATION DRIVE	Name Street Ad	Name Street Address (P.O. Box Number is Not Acceptable)					
	AMA CITY BEACH FL 32407						7:0	
			City			FL	Zip Code	e I
SIGNATURE .	Signature, typed or printed name of registered agent		OTE: Registered Agent signatur		onstating)	DATE		
Tax filing requirement and elects to do so. After MAY			'!!! FEE IS \$150.00 000 Fee will be \$550.00 ble to Department of State					
11.	OFFICERS AND	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFI	CERS AND D	RECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kehl, Brian J 12232 Lyndell Plantation D Panama City Beach Fl 3240	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[<u>Change</u>	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	D KEHL, STACY L 12232 LYNDELL PLANTATION D PANAMA CITY BEACH FL 3240	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	D KEHL, CORY M 12232 LYNDELL PLANTATION D PANAMA CITY BEACH FL 3240	NAME STREET ADDRESS CITY-ST-ZIP	4005 O Panam	cean St a City Beach,	-	2 Change	Addition_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
indicated	certify that the information supplied with on this report or supplemental report i poration or the receiver or trustee emp	e true and accurate and that	t my signature shall ha	ive the same.	legal effect as it made under d	hath: that I am	i an officer.	or director

SIGNATURE:

SIGNAPORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR