

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1996</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S00230 (0)**

1. Corporation Name

**KTH CONSTRUCTION CO., INC.**

Principal Place of Business

Mailing Address

**98310 OVERSEAS HWY  
KEY LARGO FL 33037**

**98310 OVERSEAS HWY  
KEY LARGO FL 33037**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 <b>1238 S. FIELDLARK LN</b>		26 <b>1238 S. FIELDLARK LN</b>		<b>09/14/1990</b>		<b>05/19/1995</b>	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		<b>65-0216524</b>		Not Applicable	
23 City & State		28 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 <b>HOMESTAD, FL.</b>		28 <b>HOMESTAD, FL.</b>		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24 <b>33036</b>		25 <b>DADE</b>		29 <b>33036</b>		30 <b>DADE</b>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**LEONARD, CHARLES R.**  
**98310 OVERSEAS HWY**  
**KEY LARGO FL 33037**

81 Name

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

**1238 S. FIELDLARK LN.**

83

84 City

**HOMESTAD**

**FL**

85 Zip Code

**33036**

11. Pursuant to the provisions of Sections 607.0502 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

Signature, typed or printed name of registered agent and title (if applicable)

(By) Title Registered Agent signature required when registering

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D LEONARD, CHARLES R</b>	1.2 NAME	
STREET ADDRESS	<b>119 PELICAN ROAD</b>	1.3 STREET ADDRESS	<b>1238 S. FIELDLARK LN.</b>
CITY-ST-ZIP	<b>TAVERNIER FL</b>	1.4 CITY-ST-ZIP	<b>HOMESTAD, FL. 33036</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

*Charles R. Leonard* **CHARLES R. LEONARD**

**6/29/96 (305) 291-0664**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Filing #

CR2E034 (3/96)