FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S18434** **(8)**

1. Corporation Name
KGL CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
1374 STRATFORD DR CLEARWATER FL 34616	1374 STRATFORD DR CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/14/1990**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business — 21: —
2a. Mailing Address — 26: —
Suite, Apt. #, etc. — 22: —
Suite, Apt. #, etc. — 27: —
City & State — 23: —
City & State — 28: —
Zip — 24: —
Country — 25: —
Zip — 29: —
Country — 30: —

4. FEI Number: **59-3049397** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LIEBLONG, KARL G.
1374 STRATFORD DR
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	1.1 TITLE	☐ Change ☑ Addition
NAME	LIEBLONG, KURT G.	1.2 NAME	
STREET ADDRESS	189 2ND AVE. S.E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	33060
TITLE	TD	2.1 TITLE	☐ Change ☑ Addition
NAME	LIEBLONG, LOIS S	2.2 NAME	
STREET ADDRESS	1374 STRATFORD DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	34616-1333
TITLE	D	3.1 TITLE	☐ Change ☑ Addition
NAME	LIEBLONG, KARL G.	3.2 NAME	
STREET ADDRESS	1374 STRATFORD DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	34616-1333
TITLE	PD	4.1 TITLE	☐ Change ☑ Addition
NAME	LIEBLONG, DEBRA L.	4.2 NAME	
STREET ADDRESS	3120 31ST WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	4.4 CITY-ST-ZIP	33407
TITLE	D	5.1 TITLE	D ☑ Change ☐ Addition
NAME	LIEBLONG, ROBIN A	5.2 NAME	LIEBLONG, ROBIN A
STREET ADDRESS	1374 STRATFORD DR	5.3 STREET ADDRESS	1014 WASHINGTON AVE.
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	LARGO, FL 34640
TITLE	D	6.1 TITLE	☐ Change ☑ Addition
NAME	BROCK, KAREN S.	6.2 NAME	
STREET ADDRESS	515 N MERIDIAN ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	32301

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)(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.

SIGNATURE: [signature] 4-26-95 (813) 581-9027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
KARL G. LIEBLONG

0368044 CP