

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 5-1-96 B-9632

DOCUMENT # S18434

(8)

1. Corporation Name

KGL CONSTRUCTION, INC.



Principal Place of Business

1374 STRATFORD DR
CLEARWATER FL 34616

Mailing Address

1374 STRATFORD DR
CLEARWATER FL 34616

2. Principal Place of Business

21 1801 JASMINE DR.

Suite, Apt. #, etc.

22

City & State

23 TALLAHASSEE, FL

Zip

24 32308

Country

2a. Mailing Address

26 1801 JASMINE DR.

Suite, Apt. #, etc.

27

City & State

28 TALLAHASSEE, FL

Zip

29 32308

Country

30

3. Date Incorporated or Qualified
12/14/1990

3a. Date of Last Report
05/01/1995

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)

6708 CHANT TRAIL

83

84 City

TALLAHASSEE

85

Zip Code

32308

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for filing with the Department of State, 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 change and, 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VSD ☐ DELETE
NAME LIEBLONG, KURT G.
STREET ADDRESS 189 2ND AVE. S.E.
CITY-ST-ZIP POMPANO BEACH FL

TITLE TD ☐ DELETE
NAME LIEBLONG, LOIS S
STREET ADDRESS 1374 STRATFORD DR
CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ DELETE
NAME LIEBLONG, KARL G.
STREET ADDRESS 1374 STRATFORD DR
CITY-ST-ZIP CLEARWATER FL

TITLE PD ☐ DELETE
NAME LIEBLONG, DEBRA L.
STREET ADDRESS 3120 31ST WAY
CITY-ST-ZIP W PALM BCH FL

TITLE D ☐ DELETE
NAME LIEBLONG, ROBIN A
STREET ADDRESS 1014 WASHINGTON AVE
CITY-ST-ZIP LARGO FL

TITLE D ☐ DELETE
NAME BROCK, KAREN S.
STREET ADDRESS 515 N MERIDIAN ST
CITY-ST-ZIP TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE VD ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE DD ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 (904) 216-2959

Date

Daytime Phone

CR2E034 (12/95)