

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # S57130 (4)

1. Corporation Name

KENNEDY CONSTRUCTION GROUP, INC.



Principal Place of Business

600 W. HILLSBORO BLVD.  
101  
DEERFIELD BEACH FL 33441  
US

Mailing Address

600 W. HILLSBORO BLVD.  
101  
DEERFIELD BEACH FL 33441  
US

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/31/1991

3a. Date of Last Report

03/21/1995

4. FEI Number

65-0265536

Applied For

Not Applicable

5. Certificate of Status Desired

☒ (2)

\$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

KELLY, TIMOTHY R  
600 W. HILLSBORO BLVD.  
SUITE 101  
DEERFIELD BEACH FL 33441

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 607.0506, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

|                |                             |                                            |
|----------------|-----------------------------|--------------------------------------------|
| 11             | SD                          | <input type="checkbox"/> DELETE            |
| NAME           | KELLY, TIMOTHY R.           |                                            |
| STREET ADDRESS | 600 W. HILLSBORO BLVD. #101 |                                            |
| CITY, ST, ZIP  | DEERFIELD BEACH FL          |                                            |
| 12             | D                           | <input type="checkbox"/> DELETE            |
| NAME           | KENNEDY, ROBERT N           |                                            |
| STREET ADDRESS | 600 W. HILLSBORO BLVD. #101 |                                            |
| CITY, ST, ZIP  | DEERFIELD BEACH FL          |                                            |
| 13             | P                           | <input checked="" type="checkbox"/> DELETE |
| NAME           | ELIZABETH S. FLEMING        |                                            |
| STREET ADDRESS | 600 W. HILLSBORO BLVD       |                                            |
| CITY, ST, ZIP  | DEERFIELD BCH FL 33441      |                                            |
| 14             |                             | <input type="checkbox"/> DELETE            |
| NAME           |                             |                                            |
| STREET ADDRESS |                             |                                            |
| CITY, ST, ZIP  |                             |                                            |
| 15             |                             | <input type="checkbox"/> DELETE            |
| NAME           |                             |                                            |
| STREET ADDRESS |                             |                                            |
| CITY, ST, ZIP  |                             |                                            |
| 16             |                             | <input type="checkbox"/> DELETE            |
| NAME           |                             |                                            |
| STREET ADDRESS |                             |                                            |
| CITY, ST, ZIP  |                             |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|    |                |                                                                              |
|----|----------------|------------------------------------------------------------------------------|
| 11 | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12 | NAME           |                                                                              |
| 13 | STREET ADDRESS |                                                                              |
| 14 | CITY, ST, ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 21 | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22 | NAME           |                                                                              |
| 23 | STREET ADDRESS |                                                                              |
| 24 | CITY, ST, ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31 | TITLE          |                                                                              |
| 32 | NAME           |                                                                              |
| 33 | STREET ADDRESS |                                                                              |
| 34 | CITY, ST, ZIP  |                                                                              |
| 41 | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 | NAME           |                                                                              |
| 43 | STREET ADDRESS |                                                                              |
| 44 | CITY, ST, ZIP  |                                                                              |
| 51 | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 | NAME           |                                                                              |
| 53 | STREET ADDRESS |                                                                              |
| 54 | CITY, ST, ZIP  |                                                                              |
| 61 | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 | NAME           |                                                                              |
| 63 | STREET ADDRESS |                                                                              |
| 64 | 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 registered agent 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96

Division of Corporations

CR2E034 (12/95)