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PROFIT CORPORATION ANNUAL REPORT



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

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SIGNATURE: _

(4)

1. Corporation	MENT # S839 KK CONSTRUCTION, INC.)64 (4 <u>)</u>					
Principal Place	of Business	Mailing Address			IIIII DIBI BIBI DIDII BIDII I	DHORK WINDER DENNIS AND I	
347 WEST & Mt. Dora i	8TH AVENUE FL 32757	347 WEST 8TH AVE MT. DORA FL 3275	· · · · · · · · · · · · · · · · · · ·				
				3. Date Incorporated or Qualified 10/01/1991	3a. Date of Last 05/01/		
2. Principal Place	ice of Business	2a. Mailing Address 26		4. FEI Number 59-3129697	_	Applied For Not Applicable	
Suite, Apt. #	l, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1	5 Additional Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.0	00 May Be	
Zip 24	Country 25	Zφ	Country 30	8. This corporation has liability for Florida Statutes Yes	intangible tax under		
	9. Name and Address of Curre		1001	10. Name and Address of New F			
			81 Name				
	, W. ALAN		82 Street Add	dress (P.O. Box Number is Not Acceptate	ble)		
	est 8th avenue Dra FL 32757		83				
MI. DO	MM FL 32/3/		[0 3]_				
			84 City	·	FL 85	Zip Code	
or registere familiar with	ed agent, or both, in the State of Fic n, and accept the obligations of, Se	orida. Such change was authoriz ction 607.0505, Florida Statutes	tes, the above-named corporation's boass. See the corporation's boass.	oration submits this statement for the pu and of directors. I hereby accept the app	pointment as registere	registered onice ed agent. I am	
SIGNATURE	Signature, typed or printed name of registered ago OFFICERS A		tes, the above-named corporated by the corporation's boas. S. DTE: Registered Agent signature require 13.		DATE		
SIGNATURES	Signature, typed or printed name of registered age OFFICERS A DPS	en and title if applicable (NC	OTE: Registered Agent signature require	eo when reinstating)	DATE	ORS IN 12	
SIGNATURE S 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS A DPS CHEEK, W. ALAN	on and title if applicable (NO	OTE: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	eo when reinstating)	DATE FICERS AND DIRECT	ORS IN 12	
SIGNATURE	OFFICERS A DPS CHEEK, W. ALAN 347 WEST 8TH AVENUE	on and title if applicable (NO	13. 1.1 Tille 1.2 NAME 1.3 STREET ADDRESS	eo when reinstating)	DATE FICERS AND DIRECT	ORS IN 12	
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