## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(9)

R.K. CONSTRUCTORS OF CENTRAL FLORIDA, INC.

Principal Place of Business Mailing Address 4630 S. KIRKMAN 4630 S. KIRKMAN

**FILED** May 05 1998 8:00am Secretary of State



ORLANDO FL 32811		OHLANDO FL 32811				DO NOT WRITE IN THIS SPACE			
						3. Date incorporated or Qualified 01/22/1992			
2. Principal Pla	ace of Business	2s. Mailing Address				4. FEI Number	T	Ap	plied For
1		26	26			59-3097824		Not	Applicable
Suite, Apt. #	, etc.	Suite, Apl. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State				6. Election Campaign Financing	\$6	. 00	May Be
3 ·		28				Trust Fund Contribution			Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid the cu			
4	25	29	30	-			Yes		No
71	9. Name and Address of Curre	· · · · · · · · · · · · · · · · · · ·	1001		· · · · · ·	10. Name and Address of New Registered	Agent		
eti.	RONG, HUGH			81	Name				
	11 FERRIER CT.								
	LANDO FL 32835		8		Street Add	fress (P.O. Box Number is Not Acceptable)			
				83					
				84	City	·FL	85	Zip C	ode
agent. I an SIGNATURE	gistered agent, or both in the State of familiar with, and accept the oblig signature typed or printed mane of right bind a	gations of, Section 697.0505, F	iorida Sta	tutes	i.	poration submits this statement for the purpose of ation's board of directors. I hereby accept the apparent when reinstating)  DATE	xointme	nt as r	registered
		ND DIRECTORS	13.	G Age	nt signature requ	ADDITIONS/CHANGES TO OFFICERS AN	DIDE	CTOP	2 INI 12
12. TITLE	PD	DELETE	1.1 1	TI E		ADDITIONS/CHANGES TO OFFICERS AND	Ch		Addition
t t	REICH, STANTON							unge	
NAME	4830 S. KIRKMAN RD #221		1.2 N	-					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32811	D beleve		ITY - S1	T-ZIP				4 4 4 1 2 2 2
TITLE	S DELETE			2.1 TITLE		•	☐ Ch	ange	Addition
HAME	STANTON, REICH		2.2 N	AME					
STREET ADDRESS	4630 S. KIRKMAN		2.3 \$	TREET.	adoress				
CITY-ST-ZIP	ORLANDO FL 32811			CITY - S	11-ZIP				
TITLE		DELETE	3.1 TI	TLE			☐ Ch	ange	Addition
NAME			3.2 N	AME					
STREET ADDRESS			3.3 S	TREET	ADORESS				
CITY-ST-ZIP			3.4. 0	ITY - S	1 - ZIP				_
TITLE		☐ DELETE	4.1 T	ITLE	ł		☐ Ch	ange	Addition
NAME			4.2 6	AME					
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CITY-ST-ZIP			4.4 0	ITY-SI	T-ZIP				
TITLE		DELETE	5.1 TI	ITLE			Ch	ange	Addition Addition
NAME			5.2 N	AME					
STREET ADDRESS			5.3 \$	TREET.	ADDRESS				
CITY - ST - ZIP				ITY-SI					
TITLE		DELETE	6.1 Ti				L. Ch	ange	Addition
NAME		<u> </u>	6.2 N						
STREET ADDRESS					ADDRESS				
OTTLE FOR THE				THE C					

14. Thereby certify that the information supplied with this filing 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. 407.521.9351

SIGNATURE: