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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V20533 (8)

1. Corporation Name
C.E. KOHLMAYER GENERAL CONTRACTOR, INC.

Principal Place of Business
504 HOLLY DRIVE
PALM BEACH GARDENS FL 33410

Mailing Address
504 HOLLY DRIVE
PALM BEACH GARDENS FL 33410-4874



2. Principal Place of Business

21 2436 HOLLY LN
Suite, Apt. #, etc.

22 City & State
PALM BEACH GARDENS, FL

23 Zip 33410 Country US

2a. Mailing Address

26 2436 HOLLY LN
Suite, Apt. #, etc.

27 City & State
PALM BEACH GARDENS, FL

28 Zip 33410 Country US

3. Date Incorporated or Qualified
03/10/1992

3a. Date of Last Report
07/05/1996

4. FEI Number
65-0398551

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

KOHLMEYER, CLAYTON E
504 HOLLY DR.
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2436 HOLLY LN
83
84 City PALM BEACH GARDENS, FL 85 Zip Code 33410

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 Clayton E. Kohlmeier

1-25-97

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 D
NAME KOHLMEYER, CLAYTON E.
STREET ADDRESS 504 HOLLY DR.
CITY-ST-ZIP PALM BEACH GARDENS FL

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CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS 2436 HOLLY LN
14 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby 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.

SIGNATURE:

Signature and typed or printed name of signing officer or director

1-25-97 694-1214

Date

Daytime Phone #

CR2E034 (9/96)