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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90024 049 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V63137

1. Corporation Name

KISH CONSTRUCTION INC.

Principal Place of Business

4421 NW 65TH TERRACE
GAINESVILLE FL 32606

Mailing Address

4421 NW 65TH TERRACE
GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1992

4. FEI Number

59-3142226

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 owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

KISH, JOHN JR
4421 NW 65 TERRACE
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name

John Kish Jr

82 Street Address (P.O. Box Number is Not Acceptable)

4421 NW 65 Terr

83

84 City

Gainesville

FL

85 Zip Code

32606

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

NAME
KISH, JOHN, JR.
STREET ADDRESS
4421 NW 65TH TERRACE
CITY-ST-ZIP
GAINESVILLE FL

13. TITLE ☐ DELETE

NAME
KISH, KATHLEEN B.
STREET ADDRESS
4421 NW 65TH TERRACE
CITY-ST-ZIP
GAINESVILLE FL

14. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

15. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

16. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

17. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/99 352 65-1556

Daytime Phone #

CR2E034 (11/98)