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|---|----------------------|---|--|
| DOCUMENT # V63137 | | | |
| 1. Entity Name | | | |
| KISH CONSTRUCTION INC. | | | |
| Principal Place of Business | | Mailing Address | |
| 4421 NW 65TH TERRACE GAINESVILLE FL 32606 | | 4421 NW 65TH TERRACE GAINESVILLE FL 32606-4266 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | | Name |
| KISH, JOHN JR 4421 NW 65TH TERRACE GAINESVILLE FL 32606 | | | Street Address (If different from above) |
| | | | |
| | | | City |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small> | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | |
| 11. OFFICERS AND DIRECTORS | | | |
| TITLE | DP | <input type="checkbox"/> Delete | TITLE |
| NAME | KISH, JOHN, JR. | | NAME |
| STREET ADDRESS | 4421 NW 65TH TERRACE | | STREET ADDRESS |
| CITY - ST - ZIP | GAINESVILLE FL | | CITY - ST - ZIP |
| TITLE | DV | <input type="checkbox"/> Delete | TITLE |
| NAME | KISH, KATHLEEN B. | | NAME |
| STREET ADDRESS | 4421 NW 65TH TERRACE | | STREET ADDRESS |
| CITY - ST - ZIP | GAINESVILLE FL | | CITY - ST - ZIP |
| TITLE | | <input type="checkbox"/> Delete | TITLE |
| NAME | | | NAME |
| STREET ADDRESS | | | STREET ADDRESS |
| CITY - ST - ZIP | | | CITY - ST - ZIP |
| TITLE | | <input type="checkbox"/> Delete | TITLE |
| NAME | | | NAME |
| STREET ADDRESS | | | STREET ADDRESS |
| CITY - ST - ZIP | | | CITY - ST - ZIP |
| TITLE | | <input type="checkbox"/> Delete | TITLE |
| NAME | | | NAME |
| STREET ADDRESS | | | STREET ADDRESS |
| CITY - ST - ZIP | | | CITY - ST - ZIP |
| 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607 of the Florida Statutes, and that the information is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 of the Florida Statutes, changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: _____ | | SIGNATURE OF REGISTERED AGENT: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | |

[illegible]

DO NOT WRITE IN THIS SPACE

CB2E034 (9/99)

SIGNATURE:

SIGNATURE/REQ: John Kish Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00 352-615-8546