

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 08 1998 8:00am
Secretary of State

DOCUMENT # V68170 (2)
1. Corporation Name
COALSON & KELLY CONTRACTORS, INC.



Principal Place of Business Mailing Address
302 3RD ST.
SUITE 7
NEPTUNE BEACH FL 32206
302 3RD ST.
SUITE 7
NEPTUNE BEACH FL 32206

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 524 First St., North 26 524 First St., North
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Jacksonville Beach, FL 28 Jacksonville Beach, FL
24 Zip 25 Country 29 Zip 30 Country
32250 32250

3. Date Incorporated or Qualified
09/29/1992
4. FEI Number
593161407
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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
COALSON, PETER B
802 3RD STREET
SUITE 7
NEPTUNE BEACH FL 32206

10. Name and Address of New Registered Agent
81 Name
COALSON, Peter B.
82 Street Address (P.O. Box Number is Not Acceptable)
1614 Coquina Place
83
84 City
Atlantic Beach FL
85 Zip Code
32233

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 3/15/98
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 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
COALSON, PETER
802 3RD ST., SUITE 7
NEPTUNE BEACH FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
BOENHAUSER, Thomas A.
7698 Hollyridge Circle
Jacksonville, FL 32256
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
DISKIN, Michael A.
3969 Heidi Road W.
Jacksonville, FL 32277
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
DP
COALSON, Peter
1614 Coquina Place
Atlantic Beach, FL 32233
2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
DVP
BOENHAUSER, Thomas A.
7698 Hollyridge Circle
Jacksonville, FL 32256
3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
DS
DISKIN, Michael A.
3969 Heidi Road
Jacksonville, FL 32277
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE: 3/15/98 904-249-3470

CR2E034 (10/97)