

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V74024 (3)

1. Corporation Name

KEYSTONE CONTRACTORS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 838
WINTER PARK FL 32790

P.O. BOX 838
WINTER PARK FL 32790



| | | | |
|----|--|----|---------------------------------------|
| 21 | 2. Principal Place of Business P.O. Box 25066 | 26 | 2a. Mailing Address P.O. Box 25066 |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. |
| 23 | City & State Sarasota FL | 28 | City & State Sarasota FL |
| 24 | Zip 34277 | 29 | Zip 34277 |
| 25 | Country USA | 30 | Country USA |

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 10/23/1992 | 3a. Date of Last Report 09/27/1995 |
| 4. FEI Number 59-3146052 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

MEEHAN, JEFFREY
892 OSCEOLA AVE.
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name MEEHAN JEFFREY |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | 4839 GIVEN COURT |
| 84 | City SARASOTA |
| 85 | State FL |
| 86 | Zip 34242 |

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 reappointing.)

Date:

8/6/96

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|----------------------|
| TITLE | PD |
| NAME | MEEHAN, JEFFREY |
| STREET ADDRESS | 892 OSCEOLA AVE. |
| CITY - ST - ZIP | WINTER PARK FL 32789 |
| TITLE | ST |
| NAME | MEEHAN, PATRICIA H. |
| STREET ADDRESS | 892 OSCEOLA AVE. |
| CITY - ST - ZIP | WINTER PARK FL 32789 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|-------------------|
| 11 TITLE | STD |
| 12 NAME | MEEHAN JEFFREY |
| 13 STREET ADDRESS | 4839 GIVEN COURT |
| 14 CITY - ST - ZIP | SARASOTA FL 34242 |
| 21 TITLE | |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY - ST - ZIP | |
| 31 TITLE | |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |
| 51 TITLE | |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 617, 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

8/6/96 8132571221

CR2E034 (3/96)