

**2020 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# H33161

**FILED**  
**Jan 08, 2020**  
**Secretary of State**  
**5048485232CC**

**Entity Name:** KEENAN, HOPKINS, SCHMIDT AND STOWELL CONTRACTORS, INC.

**Current Principal Place of Business:**

5422 BAY CENTER DRIVE  
SUITE 200  
TAMPA, FL 33609

**Current Mailing Address:**

5422 BAY CENTER DRIVE  
SUITE 200  
TAMPA, FL 33609 US

**FEI Number: 59-2471479**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CANNON, MICHAEL ROSS PRESIDENT  
5422 BAY CENTER DRIVE  
SUITE 200  
TAMPA, FL 33609 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE: MICHAEL ROSS CANNON**

**01/08/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name CANNON, MICHAEL R  
Address 5422 BAY CENTER DRIVE, SUITE 200  
City-State-Zip: TAMPA FL 33609

Title SEC/D/SRVP  
Name LUKER, ROBERT C  
Address 5422 BAY CENTER DRIVE SUITE 200  
City-State-Zip: TAMPA FL 33609

Title DP  
Name CANNON, MICHAEL R  
Address 5422 BAY CENTER DRIVE SUITE 200  
City-State-Zip: TAMPA FL 33609

Title SRVP, DIRECTOR  
Name HARRIS, NEAL W JR.  
Address 5422 BAY CENTER DRIVE SUITE 200  
City-State-Zip: TAMPA FL 33609

Title DSRVP  
Name SANTIAGO, ERIK S  
Address 5422 BAY CENTER DRIVE SUITE 200  
City-State-Zip: TAMPA FL 33609

Title SRVP  
Name MALONE, TED H  
Address 5422 BAY CENTER DRIVE SUITE 200  
City-State-Zip: TAMPA FL 33609

Title SRVP  
Name MCCARTHY, ROBERT J  
Address 5422 BAY CENTER DRIVE SUITE 200  
City-State-Zip: TAMPA FL 33609

Title DSRVP  
Name CARRIGAN, MICHAEL  
Address 5422 BAY CENTER DRIVE SUITE 200  
City-State-Zip: TAMPA FL 33609

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL R. CANNON**

**PRESIDENT**

**01/08/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SRVP  
Name PICKFORD, THOMAS D  
Address 5422 BAY CENTER DRIVE  
SUITE 200  
City-State-Zip: TAMPA FL 33609

Title SRVP  
Name POLLICINO, RICHARD J  
Address 5422 BAY CENTER DRIVE  
SUITE 200  
City-State-Zip: TAMPA FL 33609

Title SRVP  
Name POLLARD, MATTHEW T  
Address 5422 BAY CENTER DRIVE  
SUITE 200  
City-State-Zip: TAMPA FL 33609

Title SRVP, DIRECTOR  
Name EVANS, ROBERT D  
Address 5422 BAY CENTER DRIVE  
SUITE 200  
City-State-Zip: TAMPA FL 33609

Title SRVP  
Name CANNON, ANGELA C  
Address 5422 BAY CENTER DRIVE  
SUITE 200  
City-State-Zip: TAMPA FL 33609

Title SRVP  
Name CASEY, DANIEL F JR  
Address 5422 BAY CENTER DRIVE  
SUITE 200  
City-State-Zip: TAMPA FL 33609

Title D/CFO/TREASURER  
Name LICHT, LYNDA L  
Address 5422 BAY CENTER DRIVE  
SUITE 200  
City-State-Zip: TAMPA FL 33609

Title D/CHAIRMAN  
Name KEENAN, MARK A  
Address 5422 BAY CENTER DRIVE  
SUITE 200  
City-State-Zip: TAMPA FL 33609

Title SRVP, DIRECTOR  
Name ROBINSON, JESS A  
Address 5422 BAY CENTER DRIVE  
SUITE 200  
City-State-Zip: TAMPA FL 33609