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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G56048** **(3)**

1. Corporation Name

SERVICE COMPANY OF K & B, INC.

Principal Place of Business	Mailing Address
357 IMPERIAL BLVD. BOX 4 CAPE CANAVERAL FL 32920	357 IMPERIAL BLVD. BOX 4 CAPE CANAVERAL FL 32920

3. Date Incorporated or Qualified: **08/15/1983**
3a. Date of Last Report: **04/03/1995**

2. Principal Place of Business
21: 357 Imperial Blvd.
22 Suite, Apt. #, etc.: Suite 4
23 City & State: Cape Canaveral, FL
24 Zip: 32920 Country: 25 Brevard

2a. Mailing Address
26: 357 Imperial Blvd.
27 Suite, Apt. #, etc.: Suite 4
28 City & State: Cape Canaveral, FL
29 Zip: 32920 Country: 30 Brevard

4. FEI Number: **59-2336834** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RONSTROM, KURT
357 IMPERIAL BLVD, BOX 4
CAPE CANAVERAL FL 32920

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 357 IMPERIAL BLVD Suite 4
83
84 City: **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RONSTROM, NORMA L.		1.2 NAME	
STREET ADDRESS	3395 GRAPE ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL		1.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RONSTROM, KURT E.		2.2 NAME	
STREET ADDRESS	3395 GRAPE STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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: Norma L. Ronstrom 7-23-96 407 784 5957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Norma L. Ronstrom Secretary/Treasurer