FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G88341 (4)

1. Corporation Name
KIRTECH ENTERPRISES, INC.

Principal Place of Business	Mailing Address
800 AMY ST., MOUNT DORA FL 32757	800 AMY ST., MOUNT DORA FL 32757

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/01/1984
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business
21 28210 Lake Industrial BLVD
22 Suite, Apt. #, etc.
23 City & State: TAVARES
24 Zip: 32778 25 Country: LAKE

2a. Mailing Address
26 28210 Lake Industrial BLVD
27 Suite, Apt. #, etc.
28 City & State: TAVARES
29 Zip: 32778 30 Country: LAKE

4. FEI Number: 59-2585051 ☐ 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

KIRST, RUDOLPH F.
800 AMY STREET
MOUNT DORA FL 32757

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 (and/or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when submitting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	KIRST, RUDOLPH F.	12 NAME	
STREET ADDRESS	880 LAKE GRACIE	13 STREET ADDRESS	
CITY ST ZIP	EUSTIS FL	14 CITY ST ZIP	
TITLE	V	21 TITLE	☒ Change ☐ Addition
NAME	KIRST, DAVID A	22 NAME	
STREET ADDRESS	600 AMBASSADOR AVE	23 STREET ADDRESS	7225 Black Bull Lane
CITY ST ZIP	EUSTIS FL	24 CITY ST ZIP	Orlando FL 32835
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	KIRST, MONA P	32 NAME	
STREET ADDRESS	880 LAKE GRACIE	33 STREET ADDRESS	
CITY ST ZIP	EUSTIS FL	34 CITY ST ZIP	
TITLE	T	41 TITLE	☒ Change ☐ Addition
NAME	KIRST, MARILYN L	42 NAME	
STREET ADDRESS	600 AMBASSADOR AVE	43 STREET ADDRESS	7225 Black Bull Lane
CITY ST ZIP	EUSTIS FL	44 CITY ST ZIP	Orlando FL 32835
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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: Rudolph F. Kirst / Rudolph F. Kirst 4/28/95 904-383-7111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043201 CP