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Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mort
Secretary of St.
DIVISION OF CORPORATIONS

DOCUMENT # **H24176** **(0)**

1. Corporation Name
KAUTTER MANAGEMENT GROUP, INC.

Principal Place of Business	Mailing Address
222 S. WESTMONTE DR., STE. #101 **P. O. BOX 150127** **ALTAMONTE SPRINGS FL 32715-7127**	**222 S. WESTMONTE DR., STE. #1** **P. O. BOX 150127** **ALTAMONTE SPRINGS FL 32715-01**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Co
24 / 25	29 / 30

3. Date Incorporated or Qualified: **10/01/1984**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **59-2473653** ☐ 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
KAUTTER, WILLARD S.
222 S. WESTMONTE DR., STE. #101
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a-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 authorize 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 Sta

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DP** / **KAUTTER, WILLARD S.** / **460 COLUMBUS CIR.** / **LONGWOOD FL** ☐ DELETE	11 T / 12 N / 13 S ADDRESS / 14 CT-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**D** / **KAUTTER, MARTINE E.** / **460 COLUMBUS CIR.** / **LONGWOOD FL** ☐ DELETE	21 T / 22 N / 23 S ADDRESS / 24 ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 T / 32 N / 33 S ADDRESS / 34 ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 T / 42 / 43 S ADDRESS / 44 ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 / 52 / 53 S ADDRESS / 54 ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 / 62 / 63 ET ADDRESS / 64 - ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for 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: _____ **4/14/97** **407/774-7860**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0078402