FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

6110 126 th NEN

DIVISION OF CORPORATIONS

1996 DOCUMENT # J92258

(9)

KRAUSS CO. OF FLORIDA

6110 1864 AVE 11.

Mailing Address

6110 126TH AVE N **LARGO FL 34643**

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23

Principal Place of Business

2. Principal Place of Business

KIRK, CAROL A.

LARGO FL 34643

6110 126TH AVE. N

Suite, Apt. #, etc.

City & State

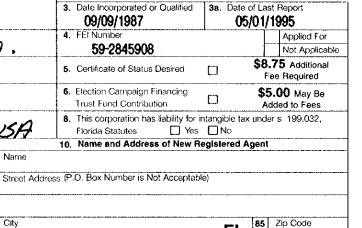
6110 126TH AVE N **LARGO FL 34643**

2a. Mailing Address

29

Name and Address of Current Registered Agent

Suite, Apt. #, etc



11. Pursuant to the provisions of Sections 607.0502 and £07.1508, 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

83

84 City

12.	Signature, typed or printed name of registered agent and titl OFFICERS AND DIF	· · · · · · · · · · · · · · · · · · ·	D15: Registered Agent signature required wt 13.	en reinstating; DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	YES IN 12
TITLE	PC	TT DELETE	1.1 1/1/16	Change	Addition
NAME	KERNER, JOHN E.		1.2 NAME		LJ Hoshion
STREET ADDRESS	141 WILLIAM RICHMOND		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	WILLIAMSBURG VA TS	DELETE	1,4 CITY - ST - ZIP 2, 1 TITLE	[7] Change	Addition
NAME	· -	Doctor		Change	[] Addition
· ·	KIRK, CAROL A.		2.2 NAME		
STREET ADDRESS	6110 126TH AVE NORTH		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	LARGO FL	T DELETE	2.4 C(TY - ST - Z(P 3. 1 T) TLE	☐ Change	☐ Addition
	S PERMIT BARRADA A	Doctor		Change	☐ Addition
NAME	KERNER, BARBARA A		3.2 NAME		
STREET ADDRESS	141 WILLIAM RICHMOND		3 3. \$TRÉET ADDRESS		
CITY-S1-ZIP	WILLIAMSBURG VA	f or or	3.4 CITY-ST-ZIP		
TITLE	V	DELETE	4. 1 TITLE	☐ Change	Addition Addition
NAME	KERNER, BARBARA A.		4.2 NAME		
STREET ADDRESS	141 WILLIAM RICHMOND		4.3 STREET ADDRESS		
CITY-ST-ZIP	WILLIAMSBURG VA		4.4 CITY - ST - ZIP		
TITLE		[□ DELETE	5. 1 TATLE	Change	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - 7/P		
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		

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 indicated on this annual report or supplemental annual report is true and accurate and triat 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:

AR CARDLA