

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jun 25 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # ND1445**  
 1. Corporation Name  
**KCT, Inc.**

Principal Place of Business <b>KCT, Inc. 201 S. Kings Ave Brandon, FL 33511</b>		Mailing Address <b>KCT, Inc. P.O. Box 1662 Brandon, FL 33509</b>	
<b>21</b> Principal Place of Business	<b>2a</b> Mailing Address	<b>22</b> Suite, Apt. #, etc	<b>27</b> Suite, Apt. #, etc.
<b>23</b> City & State	<b>28</b> City & State	<b>24</b> Zip	<b>29</b> Zip
<b>25</b> Country	<b>30</b> Country		

**3.** Date Incorporated or Qualified  
**2-15-84**

**4.** FEI Number  
**59-2380884**

**5.** Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6.** Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

**7.** Is this nonprofit corporation a homeowners association?  
 Yes  No

**8.** This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No **N/A**

**9. Name and Address of Current Registered Agent**

**81** Name  
**Mitch Rodriguez**

**82** Street Address (P.O. Box Number is Not Acceptable)  
**210 Bryan Oak Avenue**

**83** City  
**Brandon**

**84** State  
**FL**

**85** Zip Code  
**33511**

**10. Name and Address of New Registered Agent**

**81** Name  
**Mitch Rodriguez**

**82** Street Address (P.O. Box Number is Not Acceptable)  
**210 Bryan Oak Avenue**

**83** City  
**Brandon**

**84** State  
**FL**

**85** Zip Code  
**33511**

**11.** Pursuant to the provisions of Sections 617.0532 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Mitch Rodriguez** **Mitch Rodriguez**  
Signature of person or persons authorized to register the corporation. Registered Agent signature required when reinstating.

**PROPERTY MANAGER**  
**6-18-98**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DICK WILLIAMS</b>	
STREET ADDRESS	<b>695 Fieldcrest Dr.</b>	
CITY-ST-ZIP	<b>BRANDON, FL 33511</b>	
TITLE	<b>V/D</b>	<input type="checkbox"/> DELETE
NAME	<b>KATHY McBURNEY</b>	
STREET ADDRESS	<b>508 OJE PLANTATION DR.</b>	
CITY-ST-ZIP	<b>BRANDON, FL 33511</b>	
TITLE	<b>T/D</b>	<input type="checkbox"/> DELETE
NAME	<b>JANET Winfield-Moyer</b>	
STREET ADDRESS	<b>8010 BULLARA DR.</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33637</b>	
TITLE	<b>S/D</b>	<input type="checkbox"/> DELETE
NAME	<b>MARYBETH McBURNEY</b>	
STREET ADDRESS	<b>506 OJE PLANTATION DR.</b>	
CITY-ST-ZIP	<b>BRANDON, FL 33511</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME	<b>TINA FONTE</b>	
<b>1.3</b> STREET ADDRESS	<b>695 Bainbridge Dr.</b>	
<b>1.4</b> CITY-ST-ZIP	<b>BRANDON, FL 33511</b>	
<b>2.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME		
<b>2.3</b> STREET ADDRESS		
<b>2.4</b> CITY-ST-ZIP		
<b>3.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME		
<b>3.3</b> STREET ADDRESS		
<b>3.4</b> CITY-ST-ZIP		
<b>4.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME		
<b>4.3</b> STREET ADDRESS		
<b>4.4</b> CITY-ST-ZIP		
<b>5.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME		
<b>5.3</b> STREET ADDRESS		
<b>5.4</b> CITY-ST-ZIP		
<b>6.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME		
<b>6.3</b> STREET ADDRESS		
<b>6.4</b> CITY-ST-ZIP		

**800002570000**  
**-06/25/98--01014--001**  
**\*\*\*61.25**

**14.** I hereby certify that the information supplied with this filing 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or omitted in accordance with an address.

SIGNATURE: **[Signature]** **5/28/98** **631-5548 EX 232**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPRE037 (10/97)