

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 5: 54

DOCUMENT # G56048 (3)

1. Corporation Name
SERVICE COMPANY OF K & B, INC.

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

Mailing Address
**357 IMPERIAL BLVD. BOX 4
CAPE CANAVERAL FL 32920**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
08/15/1983

3a. Date of Last Report
08/11/1994

2. Principal Place of Business
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2a. Mailing Address
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4. FEI Number
59-2336834

Applied For
Not Applicable

Suite, Apt. #, etc.
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

Zip
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8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**ST
RONSTROM, NORMA L.
3395 GRAPE ST.
COCOA FL**

1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DP
RONSTROM, KURT E.
3395 GRAPE STREET
COCOA FL**

2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY- ST- ZIP

TITLE
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STREET ADDRESS
CITY- ST- ZIP

5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
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 included in this annual report or biennial 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 holder or trustee authorized 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: *Kurt E. Ronstrom* Kurt E. Ronstrom 3/27/95 407/783-6401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____