**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 APR 26 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K89544 (6)

1. Corporation Name
KUBAL - FURR & ASSOCIATES, INC.

Principal Place of Business
%JERRY E. KUBAL
P.O. BOX 273210
TAMPA FL 33688-3210

Mailing Address
%JERRY E. KUBAL
P.O. BOX 273210
TAMPA FL 33688-3210

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/19/1989
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business
21 7021 N. DALE MABRY HWY
Suite, Apt. #, etc.
22 SUITE 106
City & State
23 TAMPA
Zip 24 33614
Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29
Country 30

4. FEI Number: 59-2989146
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
KUBAL, JERRY E.
14801 DUNSTAN PLACE
TAMPA FL 33618

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DP | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | KUBAL, JERRY E. | 1.2 NAME | |
| STREET ADDRESS | 14801 DUNSTAN PLACE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 1.4 CITY-ST-ZIP | |
| TITLE | DV | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | FURR, JAMES E. | 2.2 NAME | |
| STREET ADDRESS | 313 DEER SPRING LANE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SIMPSONVILLE SC | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 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)(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:** JERRY E. KUBAL 4/21/95 813/931-7730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0448011 FP