

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01445

Entity Name: K C T, INC.

Current Principal Place of Business:

18550 NORTH DALE MABRY HIGHWAY
LUTZ, FL 33548

Current Mailing Address:

C/O WISE PROPERTY MANAGEMENT, INC.
18550 NORTH DALE MABRY HIGHWAY
LUTZ, FL 33548 US

FEI Number: 59-2380884

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRISCIA, FRANCIS
5550 W. EXECUTIVE DR., SUITE 250
TAMPA, FL 33609 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: FRANCIS FRISCIA

03/25/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name STURM, JOANNE
Address 18550 NORTH DALE MABRY
 HIGHWAY
City-State-Zip: LUTZ FL 33548

Title DIRECTOR
Name CORRAL, ASHLEY
Address 18550 NORTH DALE MABRY
 HIGHWAY
City-State-Zip: LUTZ FL 33548

Title SECRETARY
Name SNELL, KERRI
Address 18550 NORTH DALE MABRY
 HIGHWAY
City-State-Zip: LUTZ FL 33548

Title TREASURER
Name RODRIGUEZ, MITCH
Address 18550 NORTH DALE MABRY
 HIGHWAY
City-State-Zip: LUTZ FL 33548

Title DIRECTOR
Name KELLY, GAIL
Address 18550 NORTH DALE MABRY
 HIGHWAY
City-State-Zip: LUTZ FL 33548

Title DIRECTOR
Name WINKLER, KEN
Address 18550 NORTH DALE MABRY
 HIGHWAY
City-State-Zip: LUTZ FL 33548

Title VP
Name HEATON, MIKE
Address 18550 NORTH DALE MABRY
 HIGHWAY
City-State-Zip: LUTZ FL 33548

Title DIRECTOR
Name CUPPERNELL, STEVE
Address 18550 NORTH DALE MABRY
 HIGHWAY
City-State-Zip: LUTZ FL 33548

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOANNE STURM

PRESIDENT

03/25/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HOWARD, JOSHUA
Address 18550 NORTH DALE MABRY HIGHWAY
City-State-Zip: LUTZ FL 33548