

**2019 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:**

WISE PROPERTY MANAGEMENT INC.  
18550 NORTH DALE MABRY HIGHWAY  
LUTZ, FL 33548 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: WISE PROPERTY MANAGEMENT

03/26/2019

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            VP  
Name            CARMEAN, MARK  
Address        18550 NORTH DALE MABRY  
                  HIGHWAY  
City-State-Zip: LUTZ FL 33548

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

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

**Continues on page 2**

*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

03/26/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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