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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 121930 (2)

1. Corporation Name

KARST, INC.



Principal Place of Business

Mailing Address

7800 OLD WINTER GARDEN ROAD
P.O. BOX 616625
ORLANDO FL 32861

7800 OLD WINTER GARDEN ROAD
P.O. BOX 616625
ORLANDO FL 32861

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KARST, CRAIG J.
7800 OLD WINTER GARDEN RD.
ORLANDO FL 32861

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

3/11/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

NAME
PD
KARST, ROY
LAKE LOTTA
ORLANDO FL

1.2 CITY - ST - ZIP

2.1 TITLE ☐ DELETE

NAME
VD
KARST, LOYD
2301 S. SUMMERLIN AVENUE
ORLANDO FL

2.2 CITY - ST - ZIP

3.1 TITLE ☐ DELETE

NAME
SD
KARST, CHESTER
1002 VALENCIA DRIVE
ORLANDO FL

3.2 CITY - ST - ZIP

4.1 TITLE ☐ DELETE

NAME
VD
KARST, LARRY
803 PALOMAS
OCFEE FL

4.2 CITY - ST - ZIP

5.1 TITLE ☐ DELETE

NAME
TD
KARST, CRAIG J.
83 N. PINE STREET
WINDERMERE FL

5.2 CITY - ST - ZIP

6.1 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

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 indicated on this annual report or supplement of 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96

Date

407 2933231

Daytime Phone #

CR2E034 (12/95)