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Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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

Mailing Address

7800 OLD WINTER GARDEN ROAD
P.O. BOX 616625
ORLANDO FL 32861-6625

3. Date Incorporated or Qualified
03/12/1930

3a. Date of Last Report
03/15/1996

2. Principal Place of Business

21 8550 OLD WINTER GARDEN Rd.

2a. Mailing Address

26 P.O. Box 616625

State, Apt. #, etc.

State, Apt. #, etc.

22 P.O. Box 616625

27

City & State

City & State

23 Orlando, FL.

28 Orlando

Zip

Country

Zip

Country

24 32861

25 USA

29 32861

30 USA

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
KARST, ROY
STREET ADDRESS LAKE LOTTA
CITY - ST - ZIP ORLANDO FL

11 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME VD
KARST, LOYD
STREET ADDRESS 2301 S. SUMMERLIN AVENUE
CITY - ST - ZIP ORLANDO FL

12 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME SD
KARST, CHESTER
STREET ADDRESS 1002 VALENCIA DRIVE
CITY - ST - ZIP ORLANDO FL

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME VD
KARST, LARRY
STREET ADDRESS 603 PALOMAS
CITY - ST - ZIP OCOEE FL

21 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME TD
KARST, CRAIG J.
STREET ADDRESS 83 N. PINE STREET
CITY - ST - ZIP WINDERMERE FL

22 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

23 STREET ADDRESS ☐ Change ☐ Addition

24 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/97 407 293-3231

CR2E034 (9/96)