

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 21 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 297588 (6)

1. Corporation Name
KON SALES, INC.

Principal Place of Business

201 PAINE DRIVE
F
WINTER HAVEN FL 33884
US

Mailing Address

201 PAINE DRIVE
F
WINTER HAVEN FL 33884-2379
US

2. Principal Place of Business

21 201 PAINE DR

Suite, Apt. #, etc.

22

City & State

23 WINTER HAVEN, FL

Zip

24 33884

Country

2a. Mailing Address

26 201 PAINE DRIVE

Suite, Apt. #, etc.

27

City & State

28 WINTER HAVEN, FL

Zip

29 33884

Country

30

9. Name and Address of Current Registered Agent

KONDOR, JAMES O
1308 LAKE MIRROR TERR., N.W
WINTER HAVEN FL 33881

3. Date Incorporated or Qualified

10/12/1965

3a. Date of Last Report

03/11/1996

4. FEI Number

59-1107544

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 Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 1308 MIRROR TERRACE NW

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

TITLE PD ☐ DELETENAME KONDOR, JAMES O
STREET ADDRESS 1308 LAKE MIRROR TERR NW
CITY-ST-ZIP WINTER HAVEN FLTITLE ST ☐ DELETENAME KONDOR, THOMAS E.
STREET ADDRESS 201 PAINE DRIVE, S.E.
CITY-ST-ZIP WINTER HAVEN FLTITLE D ☒ DELETENAME KONDOR, THOMAS E
STREET ADDRESS 201 PAINE DRIVE S.E.
CITY-ST-ZIP WINTER HAVEN FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition12 NAME
13 STREET ADDRESS 1308 MIRROR TERRACE NW
14 CITY-ST-ZIP2.1 TITLE ☐ Change ☒ Addition2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP WINTER HAVEN, FL 338843.1 TITLE ☐ Change ☐ Addition3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 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: T. E. Kondor THOMAS E. KONDOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/97

Date

941-324-3274

Daytime Phone #

0392083

CR2E034 (9/96)