

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **381762** (4)

1. Corporation Name  
**KOHLER-CAMPBELL & ASSOCIATES, INC.**



Principal Place of Business: 3734 131ST AVE. NORTH STE. 14-15 CLEARWATER FL 34622 US  
Mailing Address: P. O. BOX 17329 CLEARWATER FL 34622-0329 US

3. Date Incorporated or Qualified: 05/07/1971  
3a. Date of Last Report: 04/11/1995  
4. FEI Number: 59-1348094  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: O'NEILL, CHARLES F. 719 PEARL CIRCLE BRANDON FL 33510  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent is not applicable. (NOTE: Registered Agent signature required when filing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	MCFATHER, PAUL J 1200 NW 20TH AVE. DELRAY BEACH FL	1.1 TITLE: V	
NAME:		12 NAME:	
STREET ADDRESS:		13 STREET ADDRESS:	
CITY-ST-ZIP:		14 CITY-ST-ZIP:	
TITLE: PD	O'NEILL, CHARLES F 719 PEARL CIRCLE BRANDON, FL 00000	2.1 TITLE:	
NAME:		22 NAME:	
STREET ADDRESS:		23 STREET ADDRESS:	
CITY-ST-ZIP:		24 CITY-ST-ZIP:	
TITLE: SD	METTS, DEWEY III 18320 NETTLES RD. LUTZ FL	3.1 TITLE: V	
NAME:		32 NAME:	
STREET ADDRESS:		33 STREET ADDRESS:	
CITY-ST-ZIP:		34 CITY-ST-ZIP:	
TITLE: D	PICKETT, WAYNE H. 435 SUMMITT CHASE DRIVE VALRICO FL	4.1 TITLE:	
NAME:		42 NAME:	
STREET ADDRESS:		43 STREET ADDRESS:	
CITY-ST-ZIP:		44 CITY-ST-ZIP:	
TITLE:		5.1 TITLE: SD	
NAME:		52 NAME:	Buser, Russell D.
STREET ADDRESS:		53 STREET ADDRESS:	4416 N.W. 73rd Avenue
CITY-ST-ZIP:		54 CITY-ST-ZIP:	Coral Springs, Fl 33065
TITLE:		6.1 TITLE:	
NAME:		62 NAME:	
STREET ADDRESS:		63 STREET ADDRESS:	
CITY-ST-ZIP:		64 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 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: *Charles F. O'Neill* Charles F. O'Neill 4/24/96 (813) 572-5507  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)