

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

COMBINATED
ANNUAL REPORT
1995



DEPARTMENT OF REVENUE
Secretary of State
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

95 FEB 23 PM 4:18

DOCUMENT # **445745** (3)

1. Corporation Name
KOHLER ENTERPRISES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**P.O. BOX 823, N/A
WILLISTON FL 32696-9305
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/25/1974	3a. Date of Last Report 05/01/1994
21	State, Apt. #, etc.	26	State, Apt. #, etc.	4. FEI Number 59-1793616	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financial Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KOHLER, CHARLES T. ROUTE 2 BOX 1917 WILLISTON FL 32696				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: _____ (Name of Registered Agent (signature required when registered) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME PVD KOHLER, CHARLES T. RT. 2 BOX 1917, N/A WILLISTON FL	12.2 STREET ADDRESS RT. 2 BOX 1917, N/A WILLISTON FL	13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.3 NAME ST KOHLER, REBECCA RT. 2 BOX 1917, N/A WILLISTON FL	12.4 STREET ADDRESS RT. 2 BOX 1917, N/A WILLISTON FL	13.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.5 NAME	12.6 STREET ADDRESS	13.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.7 NAME	12.8 STREET ADDRESS	13.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.9 NAME	12.10 STREET ADDRESS	13.5 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.11 NAME	12.12 STREET ADDRESS	13.6 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.13 NAME	12.14 STREET ADDRESS	13.7 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and correct and I am liable for the description stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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. If I am available or one for this corporation or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Rebecca Kohler* **Rebecca Kohler** 2-24-95 901 5285218
SIGNATURE AND TYPE OR PRINTED NAME OF TRUSTEE OFFICER OR DIRECTOR DATE