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Apr 10 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 # 498598 (2)

1. Corporation Name

KARI SERVICES, INC.

[redacted]

Principal Place of Business	Mailing Address
5402 BEAUMONT CENTER BLVD #102 TAMPA FL 33634-2292	5402 BEAUMONT CENTER BLVD #102 TAMPA FL 33634-2292

3. Date Incorporated or Qualified: 03/10/1976
3a. Date of Last Report: 03/22/96

2. Principal Place of Business (21): 2a. Mailing Address (26):

Suite, Apt. #, etc. (22): Suite, Apt. #, etc. (27):

City & State (23): City & State (28):

Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: 36-2862256 ☐ 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 Fees

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

9. Name and Address of Current Registered Agent

HEUER, MARTIN
5402 BEAUMONT CENTER BLVD #102
TAMPA FL 33634-2292

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	SVD	☐ DELETE	1.1 TITLE	☒ Change ☒ Addition
NAME	HEUER, RITA M		1.2 NAME	
STREET ADDRESS	5402 BEAUMONT CTR #102		1.3 STREET ADDRESS	CTR BLVD # 102-
CITY-ST-ZIP	TAMPA, FL 00000		1.4 CITY-ST-ZIP	33634-
TITLE	PDT	☐ DELETE	2.1 TITLE	☒ Change ☒ Addition
NAME	HEUER, MARTIN		2.2 NAME	
STREET ADDRESS	5402 BEAUMONT CTR #102		2.3 STREET ADDRESS	BLVD
CITY-ST-ZIP	TAMPA, FL 00000		2.4 CITY-ST-ZIP	33634
TITLE	D	☐ DELETE	3.1 TITLE	☒ Change ☒ Addition
NAME	VAN VORIS, JOHN I		3.2 NAME	
STREET ADDRESS	501 E. KENNEDY BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000		3.4 CITY-ST-ZIP	33601
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	OK 4/10/97
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	300002139593
STREET ADDRESS			6.3 STREET ADDRESS	-04/10/97--01089--006
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***165.00

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)(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: Martin Heuer Martin Heuer President 4-3-97 813-884-0555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #