FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 21 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **501472** **(5)**

1. Corporation Name
KITCHEN KONCEPTS, INC.

Principal Place of Business	Mailing Address
3906 EXCHANGE AVE. NAPLES FL 33942-3738	3906 EXCHANGE AVE. NAPLES FL 33942-3738

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/19/1976
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-1656298 ☐ 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

OLSON, DWIGHT
3906 EXCHANGE AVE
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name: Brown Gerald C.
82 Street Address (P.O. Box Number is Not Acceptable): 6045 N.W. 100 St.
83
84 City: Ocala, FL 85 Zip Code: 34482.

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: Gerald C. Brown — 4-17-95
(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	VD	11 TITLE	P.T.D ☐ Change ☐ Addition
NAME	BROWN, GERALD C	12 NAME	Brown Gerald C.
STREET ADDRESS	6045 N.W. 100TH ST.	13 STREET ADDRESS	6045 NW 100 St.
CITY-ST-ZIP	OCALA FL	14 CITY-ST-ZIP	Ocala Fl. 34482
TITLE	ST	21 TITLE	V ☐ Change ☐ Addition
NAME	OLSON, DWIGHT	22 NAME	Bradley Robert
STREET ADDRESS	478 COUNTRYSIDE DR	23 STREET ADDRESS	16 Monaco Terrace
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	Naples Fl. 33962
TITLE	D	31 TITLE	SD ☐ Change ☐ Addition
NAME	BROWN, BEVERLEY	32 NAME	Brown Beverley E.
STREET ADDRESS	6045 N.W. 100TH ST.	33 STREET ADDRESS	6045 NW 100 St
CITY-ST-ZIP	OCALA FL	34 CITY-ST-ZIP	Ocala Fl. 34482
TITLE	PD	41 TITLE	D ☐ Change ☐ Addition
NAME	OLSON, DWIGHT	42 NAME	Olson Dwight
STREET ADDRESS	478 COUNTRYSIDE DR	43 STREET ADDRESS	478 Country side DR.
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP	Naples Fl.
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
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 addition.

SIGNATURE: Dwight Olson 1/11/96 813-645-1367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0328011 CP