

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Shirley B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

SEPM - 1 AM 5:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **523525** (4)
1. Corporation Name
JOHN W. KOTCHMAN, INC.

Principal Place of Business: **12512 PARK BLVD SEMINOLE FL 34646**
Mailing Address: **12512 PARK BLVD SEMINOLE FL 34646**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/12/1977** 3a. Date of Last Report: **04/08/1994**
4. FEI Number: **59-1726460** 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

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
State Apt. # etc. State Apt. # etc.
City & State: City & State
ZIP City ZIP City

9. Name and Address of Current Registered Agent
**KOTCHMAN, JOHN W.
12512 PARK BLVD
SEMINOLE FL 34646**

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 607.0506, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent or Mailing Agent) (Signature of Registered Agent, when required when appointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	KOTCHMAN, JOHN W. 12512 78TH AVE. NORTH SEMINOLE FL	11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VD	KOTCHMAN, SHIRLEY A. 12512 78TH AVE. NORTH SEMINOLE FL	21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: S	KOTCHMAN, SHIRLEY A. 12512 78TH AVE. NORTH SEMINOLE FL	31 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: T	KOTCHMAN, JOHN W. 12512 78TH AVE. NORTH SEMINOLE FL	41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:		51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:		61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:		71 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:		81 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: *John W. Kotchman, Pres.* 4.15.95 813-391-6579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR