

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

SECRETARY OF STATE
FILED
DIVISION OF CORPORATIONS
95 FEB 14 4:11:50

DOCUMENT # **543598** (7)

1. Corporation Name
K. C.'S FEED AND TACK, INC.

Principal Place of Business Mailing Address
9722 STATE RD 52 **9722 STATE RD 52**
HUDSON FL 34669 **HUDSON FL 34669**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	State, Apt. #, etc.	26	State, Apt. #, etc.	08/23/1977	01/31/1994
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Country	59-1761093	Not Applicable
24	Country	29	Zip	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	Country	30	Country	<input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				6. Election Campaign Financing Trust Fund Contribution	
CARMICHAEL, KATHRYN P.				<input type="checkbox"/>	
2128 TARPON LANDINGS DR				7. This corporation has liability for intangible tax under S. 100.033, Florida Statutes	
TARPONG SPRINGS FL 34689				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CARMICHAEL, KATHRYN P.				81	Name
2128 TARPON LANDINGS DR				82	Street Address (P.O. Box Number is Not Acceptable)
TARPONG SPRINGS FL 34689				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 _____
Signature of Registered Agent required when new filing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMICHAEL, KATHRYN P.	2. NAME	
STREET ADDRESS	2128 TARPON LANDING DR	3. STREET ADDRESS	
CITY-ST-ZIP	TARPON SPGS FL	4. CITY-ST-ZIP	
TITLE	VD	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMICHAEL, CRAIG K.	22. NAME	
STREET ADDRESS	2154 TARPON LANDING DR	23. STREET ADDRESS	
CITY-ST-ZIP	TARPON SPGS FL	24. CITY-ST-ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 100.033, 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. I am an officer or director of the corporation or the incorporator or the registered agent of the corporation to file 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: **Craig Carmichael VP 1/10/95 913 8684260**