

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 590268 (9)

1. Corporation Name  
**KUHL & BRINKMAN, INC.**



Principal Place of Business: 659 MAITLAND AVE. P O BOX 150322 ALTAMONTE SPRINGS FL 32715-7322  
Mailing Address: PO BOX 150322 ALTAMONTE SPRINGS FL 32715 US

3. Date Incorporated or Qualified: 10/18/1978  
3a. Date of Last Report: 04/18/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 59-1854484  
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

10. Name and Address of New Registered Agent

KUHL, STEPHAN C  
~~112 SHORE DR~~  
~~LONGWOOD FL 32779~~

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): 659 MAITLAND AVE.  
83 City: ALTAMONTE SP  
84 City: ALTAMONTE SPRINGS FL  
85 Zip Code: 32715

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, 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	PD <input type="checkbox"/> DELETE	1. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUHL, STEPHAN C	2. 2 NAME
STREET ADDRESS	112 SHORE DR.	3. 3 STREET ADDRESS
CITY-ST-ZIP	LONGWOOD, FL 00000	4. 4 CITY-ST-ZIP
TITLE	STD <input type="checkbox"/> DELETE	2. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRINKMAN, JEFFREY E	2. 2 NAME
STREET ADDRESS	2829 MARQUESAS CT.	2. 3 STREET ADDRESS
CITY-ST-ZIP	WINDERMERE FL	2. 4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. 2 NAME
STREET ADDRESS		3. 3 STREET ADDRESS
CITY-ST-ZIP		3. 4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. 2 NAME
STREET ADDRESS		4. 3 STREET ADDRESS
CITY-ST-ZIP		4. 4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. 2 NAME
STREET ADDRESS		5. 3 STREET ADDRESS
CITY-ST-ZIP		5. 4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. 2 NAME
STREET ADDRESS		6. 3 STREET ADDRESS
CITY-ST-ZIP		6. 4 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 address.

SIGNATURE: *Stephan C. Kuhl* **STEPHAN C. KUHL** 4/19/98 (407) 131-2234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)