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

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State

APPROVED AND FILED

95 MAY -1 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 602524 (1)

1. Current Name

THOMAS E. KOHL, C.P.A., P.A.

| Principal Place of Business | Mailing Address |
|---|---|
| 1 SCENIC CENTRAL STE 100<br>PO BOX 1408<br>LAKE WALES FL 33853 | 1 SCENIC CENTRAL STE 100<br>PO BOX 1408<br>LAKE WALES FL 33853 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 11/18/1970 | 3a. Date of Last Report: 04/25/1994 |
| 4. FEI Number: 59-1302523 | ☐ 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 is subject to changes as listed in Florida Statutes ☒ Yes ☐ No | |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| KOHL, THOMAS E.<br>1121 VONCILE ST.<br>LAKE WALES FL 33853 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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

(If changing Registered Agent, Registered Agent must sign above) (If changing Registered Agent, new Registered Agent must sign above) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95 | |
|---|---|---|---|
| 01 TITLE | PSD | 01 TITLE | ☐ Change ☐ Addition |
| 02 NAME | KOHL, THOMAS E | 02 NAME | |
| 03 STREET ADDRESS | 1121 VONCILE ST | 03 STREET ADDRESS | |
| 04 CITY ST ZIP | LAKE WALES FL | 04 CITY ST ZIP | |
| 05 TITLE | | 05 TITLE | ☐ Change ☐ Addition |
| 06 NAME | | 06 NAME | |
| 07 STREET ADDRESS | | 07 STREET ADDRESS | |
| 08 CITY ST ZIP | | 08 CITY ST ZIP | |
| 09 TITLE | | 09 TITLE | ☐ Change ☐ Addition |
| 10 NAME | | 10 NAME | |
| 11 STREET ADDRESS | | 11 STREET ADDRESS | |
| 12 CITY ST ZIP | | 12 CITY ST ZIP | |
| 13 TITLE | | 13 TITLE | ☐ Change ☐ Addition |
| 14 NAME | | 14 NAME | |
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| 17 TITLE | | 17 TITLE | ☐ Change ☐ Addition |
| 18 NAME | | 18 NAME | |
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| 21 TITLE | | 21 TITLE | ☐ Change ☐ Addition |
| 22 NAME | | 22 NAME | |
| 23 STREET ADDRESS | | 23 STREET ADDRESS | |
| 24 CITY ST ZIP | | 24 CITY ST ZIP | |

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 1, 7, or Block 12 if changed, or on an attachment with an address.

SIGNATURE: Thomas E. Kohl THOMAS E. KOHL 5-1-95 (818) 676-3465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0317226 CP