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 DEC -6 AM 6:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **618465** **(9)**

1. Corporate Name
KILLAM ENTERPRISES, INC.

Principal Place of Business	Mailing Address
5498 PARK BLVD. ~~PO BOX 818~~ PINELLAS PARK FL 34664	5498 PARK BLVD. ~~PO BOX 818~~ PINELLAS PARK FL 34664

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/23/1979
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 5498 PARK BLVD.	26 5498 PARK BLVD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PINELLAS PARK, FL	City & State 28 PINELLAS PARK, FLA.
Zip 24 34665 Country 25 U.S.A	Zip 29 34665 Country 30 U.S.A

4. FEI Number: 59-1906731 ☐ 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. The 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
KILLAM, DONALD E 5498 PARK BLVD PINELLAS PARK FL	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 607.0505, Florida Statutes.

SIGNATURE _____ NOTE: Registered Agent signature required when applicable. DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	KILLAM, DONALD E	12 NAME	
STREET ADDRESS	5498 PARK BLVD	13 STREET ADDRESS	
CITY ST ZIP	PINELLAS PARK FL	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	KILLAM, MICHELE R.	22 NAME	
STREET ADDRESS	5498 PARK BV	23 STREET ADDRESS	
CITY ST ZIP	PINELLAS PARK FL	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	VILES, LISA R.	32 NAME	
STREET ADDRESS	5498 PARK BLVD.	33 STREET ADDRESS	
CITY ST ZIP	PINELLAS PARK FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
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 absolutely true and correct and does not qualify for the exemption 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Donald E. Killam SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Donald E. Killam, Pres. DATE 4/3/95 813 596 7414 Daytime Phone #

0460464 FP