

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 852800 (2)
1. Corporation Name
KAZMAIER ASSOCIATES, INC.

Principal Place of Business

676 ELM ST
CONCORD MA 01742

Mailing Address

676 ELM ST
CONCORD MA 01742

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1982

4. FEI Number

04-2604321

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 607.0505, Florida Statutes.

SIGNATURE

Signature typed in printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KAZMAIER, RICHARD W., JR.	
STREET ADDRESS	100 ANCHOR DRIVE #29	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	HUGGINS, CHARLES E. JR	
STREET ADDRESS	54 HAWTHORNE LANE	
CITY-ST-ZIP	CONCORD MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAZMAIER, PATRICIA H.	
STREET ADDRESS	100 ANCHOR DRIVE #29	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ARMKNECT, RICHARD F	
STREET ADDRESS	51 PLAINFIELD RD.	
CITY-ST-ZIP	CONCORD MA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	RUXIN, ROBERT H.	
STREET ADDRESS	8 LARCHMONT LN	
CITY-ST-ZIP	LEXINGTON MA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RODIS, COSTAS C	
STREET ADDRESS	125 BROOK ST.	
CITY-ST-ZIP	WELLESLEY MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

SIGNATURE:

CR2E034 (10/97)