

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F83191** (9)

1. Corporation Name
T.A. KREBS, INC.



Principal Place of Business
**6908 KIMBERLYNN CIRCLE
SARASOTA FL 34243**

Mailing Address
**6908 KIMBERLYNN CIRCLE
SARASOTA FL 34243**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 05/28/1982	3a. Date of Last Report 06/20/1995
4. FEE Number 59-2203444	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 has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☒ No	
10. Name and Address of New Registered Agent	

**KREBS, TIMOTHY A
6908 KIMBERLYNN CIRCLE
SARASOTA FL 34243**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	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 607.0503, Florida Statutes.

SIGNATURE

Signature of person authorized to file this report

Signature of person authorized to file this report

Signature of person authorized to file this report

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
PD	KREBS, TIMOTHY A	11 TITLE	11 NAME
STREET ADDRESS	6908 KIMBERLYNN CIRCLE	12 STREET ADDRESS	12 NAME
CITY-STATE-ZIP	SARASOTA FL	13 CITY-STATE-ZIP	13 NAME
TITLE	STD	14 CITY-STATE-ZIP	14 NAME
NAME	KREBS, KATHLEEN A	15 CITY-STATE-ZIP	15 NAME
STREET ADDRESS	6908 KIMBERLYNN CIRCLE	16 CITY-STATE-ZIP	16 NAME
CITY-STATE-ZIP	SARASOTA FL	17 CITY-STATE-ZIP	17 NAME
TITLE		18 CITY-STATE-ZIP	18 NAME
NAME		19 CITY-STATE-ZIP	19 NAME
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