

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 # **F94000005602 (7)**

1. Corporation Name

KLESKI AND ASSOCIATES, INC.



Principal Place of Business

P.O. BOX 501
WAYNESVILLE OH 45068
US

Mailing Address

H.C.I.
BOX 548
PORT ST. JOE FL 32456
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 **2624 INDIAN PASS ROAD**

22 City & State 27 Suite, Apt. #, etc.

23 City & State 28 **PORT ST. JOE, FL**

24 Zip 25 Country 29 **32456** 30 **UA**

9. Name and Address of Current Registered Agent

**KLESKI, STANLEY J JR
H.C. 1 - BOX 548 (117 FLORIDA AVENUE)
PORT ST. JOE FL 32456**

3. Date Incorporated or Qualified
10/28/1994

3a. Date of Last Report
04/17/1995

4. FEI Number **31-0986708** 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

81 Name **KLESKI, STANLEY J., JR**

82 Street Address (P.O. Box Number is Not Acceptable)
2624 INDIAN PASS ROAD

83

84 City **PORT ST. JOE**

85 Zip Code
FL 32456

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

(If the Registered Agent's signature is required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PC** ☐ DELETE
NAME **KLESKI, STANLEY J JR**
STREET ADDRESS **H.C. 1 - BOX 548 (117 FLORIDA AVE.)**
CITY-ST-ZIP **PORT ST. JOE FL 32456**

TITLE **SD** ☐ DELETE
NAME **KLESKI, GLADYS L**
STREET ADDRESS **H.C. 1 - BOX 548 (117 FLORIDA AVE.)**
CITY-ST-ZIP **PORT ST. JOE FL 32456**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PC** ☒ Change ☐ Addition
1.2 NAME **KLESKI, STANLEY J., JR.**
1.3 STREET ADDRESS **2624 INDIAN PASS ROAD**
1.4 CITY-ST-ZIP **PORT ST. JOE, FL 32456**

2.1 TITLE **SD** ☒ Change ☐ Addition
2.2 NAME **KLESKI, GLADYS L.**
2.3 STREET ADDRESS **2624 INDIAN PASS ROAD**
2.4 CITY-ST-ZIP **PORT ST. JOE, FL 32456**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Gladys L. Kleski

Gladys L. Kleski, Sec.

3/21/96

(904) 229-9215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE

CR2E034 (12/95)