

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 25 AM 10:21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F94000005962 (5)

1. Corporation Name

KLARGESTER INCORPORATED

Principal Place of Business

**931 SE 11TH AVE.
CAPE CORAL FL 33990**

Mailing Address

**931 SE 11TH AVE.
CAPE CORAL FL 33990**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/18/1994

3a. Date of Last Report

2. Principal Place of Business

27 3901 Dr. Martin Luther King Jr Blvd

2a. Mailing Address

3901 Dr. Martin Luther King Jr Blvd

4. FEI Number

98-0086981

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Ft. Myers, Florida

27 City & State

28 Ft. Myers, Florida

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

24 Zip

33916

25 Country

U.S.A.

29 Zip

33916

30 Country

U.S.A.

9. Name and Address of Current Registered Agent

**FOSTER, THOMAS W
KLARGESTER, INC.
931 SE 11TH AVE.
CAPE CORAL FL 33990**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3901 Dr. Martin Luther King Jr. Blvd.

83

84 City

Ft. Myers, Florida

FL

85 Zip Code

33916

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 agent 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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **SMITH, MICHAEL**
STREET ADDRESS **COOMBE FARMHOUSE MAIN ST, GRENDON UNDERWOOD**
CITY - ST - ZIP **BUCKINGHAMSHIRE, ENGLAND HP1 -05H**

TITLE **V**
NAME **FOSTER, THOMAS W**
STREET ADDRESS **323 MCARTHUR AVE.**
CITY - ST - ZIP **LEHIGH ACRES FL 33936**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **V**
2.3 STREET ADDRESS **HANNAH, Peter J.**
2.4 CITY - ST - ZIP **#101-7080 MacPherson Ave.
Burnaby, British Columbia Canada V5J 4N3**

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 110.07(3)(b), 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, changed, or on an attachment with an address.

SIGNATURE: <

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter J. Hannah

04/17/95

(604) 430-1531

(title)

(telephone)