

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000001644 (1)

1. Corporation Name
KODIAK SERVICES, INC.

Principal Place of Business

5605 CREEKMONT
HOUSTON TX 77091

Mailing Address

5605 CREEKMONT
HOUSTON TX 77091

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/02/1996
3a. Date of Last Report

4. FEI Number 76-0302394
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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 Harris 29 30 Harris

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME SCHOENMAN, MICHAEL R
STREET ADDRESS 5003 WATER BECK
CITY-ST-ZIP FULSHEAR TX ☒ DELETE

TITLE V
NAME MOBLEY, LYNN R
STREET ADDRESS 7915 BAYOU FOREST
CITY-ST-ZIP HOUSTON TX ☐ DELETE

TITLE S
NAME WUNDERLICH, RONALD O
STREET ADDRESS 9722 ROCK TREE
CITY-ST-ZIP HOUSTON TX ☐ DELETE

TITLE T
NAME BUYAJIAN, SAM
STREET ADDRESS 14310 LOTT MOUNTAIN TRAIL
CITY-ST-ZIP HOUSTON TX ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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 P ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 5938 Bent Bough Ln.
2.4 CITY-ST-ZIP Houston, TX 77088

3.1 TITLE S/T ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP Houston, TX 77040

4.1 TITLE V ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 14310 Lotty Mountain Trail
4.4 CITY-ST-ZIP Houston, TX 77062

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 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:

Ronald D. Wunderlich 5/7 7-18-97 713-6838948

CR2E034 (4/97)