

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G78232** (7)

1. Corporation Name

**KRAMER MANAGEMENT COMPANY, INC.**

Principal Place of Business

**2109 GULF LIFE TOWER  
JACKSONVILLE FL 32207**

Mailing Address

**2109 GULF LIFE TOWER  
JACKSONVILLE FL 32207**



*Street Name Change:*

21 **1301 Riverplace Blvd**

Suite, Apt. #, etc.

22 **2109**

City & State

23 **Jacksonville, FL**

Zip Country

24 **32207** 25 **Durat**

2a. Mailing Address

26 **1301 Riverplace Blvd**

Suite, Apt. #, etc.

27 **2109**

City & State

28 **Jacksonville, FL**

Zip Country

29 **32207** 30 **Durat**

3. Date Incorporated or Qualified

**01/12/1984**

3a. Date of Last Report

**04/12/1995**

4. FEI Number

**59-2389532**

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. 190.032,  
Florida Statutes. Yes ☒ No ☐

9. Name and Address of Current Registered Agent

**LEITMAN, ALVIN A.  
2109 GULF LIFE TOWER  
JACKSONVILLE FL 32207**

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 address of the office of the agent

Signature, typed or printed name of registered agent and address of the office of the agent

Signature, typed or printed name of registered agent and address of the office of the agent

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DP  
KRAMER, MIRIAM S.  
2109 GULF LIFE TOWER  
JACKSONVILLE FL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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 unchanged, or on an attachment with an address

SIGNATURE:

*Miriam S. Kramer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-9-96 904-396-0585

D 1

Daytime Phone

CR2E034 (12/95)