

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mentham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H36114

(7)

1. Corporation Name:

KAY-RITE, INC.

Principal Place of Business:

H&R BLOCK
39 NO 6 STR
HAINES CITY FL 33844
US

Mailing Address:

P.O. BOX 246
HAINES CITY FL 33845-0246

APPROVED
AND
FILED
02 MAY -1 AM 5:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/31/1984	3a. Date of Last Report 04/25/1994
4. FEI Number 59-2523649	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	

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. Country	30. Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JONES, LESTER W. 138 MIRROR LANE WINTER HAVEN FL 33881	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code

11. Pursuant to the provisions of Sections 607.0532 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *Lester W. Jones* DATE: 4/28/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	☐ Change ☐ Addition
NAME	JONES, LESTER W.	1.2 NAME	
STREET ADDRESS	138 MIRROR LANE, N.W.	1.3 STREET ADDRESS	
CITY, ST, ZIP	WINTER HAVEN FL	1.4 CITY, ST, ZIP	
TITLE	NAME	2.1 TITLE	☐ Change ☐ Addition
NAME	JONES, JEAN M.	2.2 NAME	
STREET ADDRESS	138 MIRROR LANE, N.W.	2.3 STREET ADDRESS	
CITY, ST, ZIP	WINTER HAVEN FL	2.4 CITY, ST, ZIP	
TITLE	NAME	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE	NAME	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE	NAME	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE	NAME	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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 Sections 139.07(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 1, 2, or Block 10 of this statement or on an attachment with an address.

SIGNATURE: *Lester W. Jones* DATE: 4/28/95 (813) 4223848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR