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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # H56718

(0)

1. Corporation Name K. KOHL & SON CONSULTING, INC. Principal Place of Business 1850 BOY SCOUT DR. #110 %KLAUS KOHL FORT MYERS FL 33907 Mailing Address 1850 BOY SCOUT DR. #110 %KLAUS KOHL FORT MYERS FL 33907							
TOM WIL		FORT MIERS PL 339	10 7		3. Date incorporated or Qualified 05/10/1985	3a. Date of Last Rep 02/08/1995	ort
2. Principal I	Place of Business	2a. Mailing Address	¬ ~ ~		4. FEI Number 59-2529520	A	plied For
Suite, Apt #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required	
City & Sta	ate	City & State			Election Campaign Financing Trust Fund Contribution	□ \$5.00	May Be
7ιρ Country 4 25		Ζφ 29	Zip Country		Trust Fund Contribution Added to Fees This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No		
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New F		
			81	Name			
	, KLAUS BOY SCOUT DR STE 110		82 Street Add		ress (P.O. Box Number is Not Acceptat	ole)	
FT MY	'ERS FL 33907		83				
			84	City		FL 85 Zip C	Code
or registi familiar v	it to the provisions of Sections 607.0 tered agent, or both, in the State of F with, and accept the obligations of, S	kirida. Such change was author	ized by the ord	named corpor poration's boar	ration submits this statement for the pur rd of directors. I hereby accept the app	pose of changing its reg ointment as registered a	istered office gent. I am
SIGNATURE	Signature, typica or prince cranic of registered a		IO11 Register Age	ant signature require		DATE	
12. Tift(f	PSTD	AND DIRECTORS	13	···	ADDITIONS/CHANGES TO OFF	· · · · · · · · · · · · · · · · · · ·	
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14. I do herery 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 fur certify that the information indicated on the annual report of supplier that annual report is true and accurate and that my signature shall have the same legal effect as if made oath; that I am an officer or director of the control and that my appears in Brock 12 or Block 13 if other productions of the recovery or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my appears in Brock 12 or Block 13 if other productions with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

SIGNATURE:

WLAW KOHL