FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H57505** **(0)**

1. Corporation Name
KOMO ENERGY, INC.

Principal Place of Business	Mailing Address
~~C/O E.K. WILLIAMS & CO~~ ~~4301 32ND ST W A20~~ D-4 ~~BRADENTON FL 34205~~	~~C/O E.K. WILLIAMS & CO~~ ~~4301 32ND ST W A20~~ D-4 ~~BRADENTON FL 34205~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1985	3a. Date of Last Report: 05/20/1994
2. Principal Place of Business 21 P.O. Box 15198 22 Suite, Apt. #, etc. 23 City & State: SARASOTA, FL 24 Zip: 34277 25 County: SARASOTA	2a. Mailing Address 26 P.O. Box 15198 27 Suite, Apt. #, etc. 28 City & State: SARASOTA, FL 29 Zip: 34277 30 County: SARASOTA
4. FEI Number: 59-2536206 ☐ 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	

9. Name and Address of Current Registered Agent

BENEKOS, WILLIAM R.
% E K WILLIAMS & CO.
4301 32ND STREET WEST, #A-20 D-4
BRADENTON FL 34205

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: William R Benekos 4/22/95
Signature, Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	OLIVECRONA, KARL A.	12 NAME	
STREET ADDRESS	2024 TANGLEWOOD DR	13 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	14 CITY ST ZIP	
TITLE	VS	21 TITLE	☐ Change ☐ Addition
NAME	OLIVECRONA, MARGARETHA	22 NAME	
STREET ADDRESS	2024 TANGLEWOOD DR.	23 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	OLIVECRONA, GORAN	32 NAME	
STREET ADDRESS	2024 TANGLEWOOD DR.	33 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	OLIVECRONA, LARS	42 NAME	
STREET ADDRESS	2024 TANGLEWOOD DR.	43 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 added on an attachment with an address.

SIGNATURE: 4/25/95 (813) 925-7886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
KARL OLIVECRONA

0337027 CP