

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 # H57505 (0)

1. Corporation Name

KOMO ENERGY, INC.



Principal Place of Business

Mailing Address

P.O. BOX 15198
4301 32ND ST W A20
SARASOTA FL 34277
US

P.O. BOX 15198
4301 32ND ST W A20
SARASOTA FL 34277
US

3. Date Incorporated or Qualified

05/06/1985

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 1024 TANGLEWOOD DR
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 15198
Suite, Apt. #, etc.

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

23 City & State
SARASOTA FL

28 City & State
SARASOTA FL

24 Zip

34239

Country

25 SARASOTA

Zip

29 34277

Country

30 SARASOTA

9. Name and Address of Current Registered Agent

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

Signature, typed or printed name of registered agent or new registered agent

Date: Registered Agent's signature required when registering

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	OLIVECRONA, KARL A.	2024 TANGLEWOOD DR	SARASOTA FL	<input type="checkbox"/>
VS	OLIVECRONA, MARGARETHA	2024 TANGLEWOOD DR	SARASOTA FL	<input type="checkbox"/>
V	OLIVECRONA, GORAN	2024 TANGLEWOOD DR	SARASOTA FL	<input type="checkbox"/>
V	OLIVECRONA, LARS	2024 TANGLEWOOD DR	SARASOTA FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KARL OLIVECRONA

Date

4/19/1996 (940)925-7886

Daytime Phone #

CR2E034 (12/95)