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Mar 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H69994 (2)

1. Corporation Name
KULCHAWICK & SON FRAMERS, INC.

Principal Place of Business

% CHRISTINE CAROL KULCHAWICK
1501 S. BLUE LAKE AVE.
DELAND FL 32724

Mailing Address

% CHRISTINE CAROL KULCHAWICK
1501 S. BLUE LAKE AVE.
DELAND FL 32724-7611



2. Principal Place of Business

2a. Mailing Address

21 1330 E. TAYLOR RD.
Suite, Apt. #, etc.

26 1330 E. TAYLOR RD.
Suite, Apt. #, etc.

22 City & State
23 DELAND, FL

27 City & State
28 DELAND, FL

24 Zip Country
32724-7647

29 Zip Country
32724-7647

3. Date Incorporated or Qualified

08/05/1985

3a. Date of Last Report

04/22/1996

4. FEI Number

59-2581277

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

KULCHAWICK, CHRISTINE CAROL
1501 S. BLUE LAKE AVE.
DELAND FL 32724

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1330 E. TAYLOR ROAD

84 City

DELAND

FL

85 Zip Code

32724-7647

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 fee, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME KULCHAWICK, TERRENCE J.
STREET ADDRESS 1501 S. BLUE LAKE AVE.
CITY-ST-ZIP DELAND FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME TERRANCE J. KULCHAWICK
1.3 STREET ADDRESS 1330 EAST TAYLOR ROAD
1.4 CITY-ST-ZIP DELAND, FL. 32724-7647

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 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 on an attachment with an address.

SIGNATURE: Terrance J. Kulchawick TERRANCE J. KULCHAWICK

3-11-97 904-736-1314

CR2E034 (9/96)