

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H75444 (0)

1. Corporation Name
KARONA, INC.



Principal Place of Business

**10906 BRIDLE PL.
TAMPA FL 33626**

Mailing Address

**10906 BRIDLE PL.
TAMPA FL 33626**

3. Date Incorporated or Qualified
09/11/1985

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2591454

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

**WELLS, IVAN G.
10906 BRIDLE PL
TAMPA FL 33626**

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD WELLS, IVAN G.**
STREET ADDRESS **10906 BRIDLE PL**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE
NAME **VD WELLS, PATRICIA A.**
STREET ADDRESS **10906 BRIDLE PL**
CITY-ST-ZIP **TAMPA FL**

TITLE ☒ DELETE
NAME **D WELLS OSBORN, KAREN ANN**
STREET ADDRESS **3808 SE 7TH AVE.**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE ☐ DELETE
NAME **D WELLS, NANCY K.**
STREET ADDRESS **501 MANTOLOKING RD**
CITY-ST-ZIP **BRICKTOWN NJ**

TITLE ☐ DELETE
NAME **D WELLS, ROBIN KIM**
STREET ADDRESS **4442 DUNEDEN**
CITY-ST-ZIP **CINCINNATI OH**

TITLE ☒ DELETE
NAME **D WELLS, DAVID T.**
STREET ADDRESS **4806 BRUTON RD**
CITY-ST-ZIP **PLANT CITY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change: ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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 **D KAMP, ROBIN KIM WELLS**
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Patricia A Wells* **PATRICIA A. WELLS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 **855-6737**
Date Daytime Phone #

CR2E034 (12/95)