

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # J11822 (0)
1. Corporation Name
K.A. KARBO INC.



Principal Place of Business
**5578 PENNOCK POINT
JUPITER FL 33458**

Mailing Address
**5578 PENNOCK POINT
JUPITER FL 33458**

3. Date Incorporated or Qualified **04/30/1986** 3a. Date of Last Report **05/11/1995**
4. FEI Number **59-2674730** Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent
**KARBO, KATHLEEN A.
5578 PENNOCK POINT
JUPITER FL 33458**

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 _____ DATE _____
Signature of person named in Block 9 as registered agent or Block 10 as new registered agent. (If the Registered Agent is a corporation, the signature must be of an officer or director of the corporation.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME	LINK, KATHLEEN A KARBO		1.2 NAME		
STREET ADDRESS	5578 PENNOCK POINT		1.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL		1.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	LINK, DAVID		2.2 NAME		
STREET ADDRESS	5578 PENNOCK PT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 or authorized to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an appointment with address.

SIGNATURE: _____ **8-6-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)