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 # **J13526** **(5)**

1. Corporation Name

KALEP HOLDING COMPANY, INC.

Principal Place of Business	Mailing Address
1301 RIVERPLACE BLVD STE 1500 JACKSONVILLE FL 32207 US	1301 RIVERPLACE BLVD STE 1500 JACKSONVILLE FL 32207 US

2. Principal Place of Business	2a. Mailing Address
21 233 East Bay Street	26 233 East Bay Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 901, Blackstone Bldg,	27 Suite 901, Blackstone Bldg,
City & State	City & State
23 Jacksonville, FL	28 Jacksonville, FL
Zip / County	Zip / County
24 32202 / 25 USA	29 32202 / 30 USA

3. Date Incorporated or Qualified	3a. Date of Last Report
05/09/1986	03/17/1995

4. FEI Number: 59-2817057 ☐ 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

LEPRELL, SAMUEL L.
1301 RIVERPLACE BLVD
STE 1500
JACKSONVILLE FL 32207

See Block #10 for new address only

10. Name and Address of New Registered Agent

81 Name: Same as #9
82 Street Address (P.O. Box Number is Not Acceptable): 233 East Bay Street
83 Suite 901, Blackstone Building
84 City: Jacksonville **FL** 85 Zip Code: 32202

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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] 11/15/96

12. OFFICERS AND/OR DIRECTORS

Title	VPD
Name	LEPRELL, SAMUEL L.
Street Address	2640 RIVER ROAD
City-State-Zip	JACKSONVILLE FL
Title	DST
Name	KLECHAK, THOMAS L.
Street Address	7249 TRAILS END
City-State-Zip	JACKSONVILLE FL
Title	PD
Name	KLECHAK, DIANE
Street Address	7249 TRAILS END
City-State-Zip	JACKSONVILLE FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. I 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 report or supplemental 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 with an address, with respect to the address.

SIGNATURE: [signature] 11/15/96 904-353-4433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

[signature]

CR2E034 (12/95)