

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 23 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 # J13526

(5)

1. Corporation Name:
KALEP HOLDING COMPANY, INC.



Principal Place of Business
233 EAST BAY STREET
SUITE 901, BLACKSTONE BLDG.
JACKSONVILLE FL 32202
US

Mailing Address
233 EAST BAY STREET
SUITE 901, BLACKSTONE BLDG.
JACKSONVILLE FL 32202-3452
US

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

9. Name and Address of Current Registered Agent

LEPRELL, SAMUEL L.
233 EAST BAY STREET
SUITE 901, BLACKSTONE BLDG.
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified
05/09/1986

3a. Date of Last Report
02/07/1996

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

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 607.0508, Florida Statutes.

SIGNATURE

Signature of Registered Agent (This field is not applicable if the Registered Agent is a corporation)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
VPD	LEPRELL, SAMUEL L.	2640 RIVER ROAD	JACKSONVILLE FL	<input type="checkbox"/>
DST	KLECHAK, THOMAS L.	7249 TRAILS END	JACKSONVILLE FL	<input type="checkbox"/>
PD	KLECHAK, DIANE	7249 TRAILS END	JACKSONVILLE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE <td>2.2 NAME<td>2.3 STREET ADDRESS<td>2.4 CITY-ST-ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td></td>	2.2 NAME <td>2.3 STREET ADDRESS<td>2.4 CITY-ST-ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td>	2.3 STREET ADDRESS <td>2.4 CITY-ST-ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>	2.4 CITY-ST-ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE <td>3.2 NAME<td>3.3 STREET ADDRESS<td>3.4 CITY-ST-ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td></td>	3.2 NAME <td>3.3 STREET ADDRESS<td>3.4 CITY-ST-ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td>	3.3 STREET ADDRESS <td>3.4 CITY-ST-ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>	3.4 CITY-ST-ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE <td>4.2 NAME<td>4.3 STREET ADDRESS<td>4.4 CITY-ST-ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td></td>	4.2 NAME <td>4.3 STREET ADDRESS<td>4.4 CITY-ST-ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td>	4.3 STREET ADDRESS <td>4.4 CITY-ST-ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>	4.4 CITY-ST-ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE <td>5.2 NAME<td>5.3 STREET ADDRESS<td>5.4 CITY-ST-ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td></td>	5.2 NAME <td>5.3 STREET ADDRESS<td>5.4 CITY-ST-ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td>	5.3 STREET ADDRESS <td>5.4 CITY-ST-ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>	5.4 CITY-ST-ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	<input type="checkbox"/>	<input type="checkbox"/>
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel L. Leprell
Samuel L. Leprell

1/8/97

904-353-4433

0028963

CR2E034 (9/96)