FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J15203** **(9)**

1. Corporation Name
TOM KLEPPE & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2454 N. FORSYTH ROAD ORLANDO FL 32807	2454 N. FORSYTH ROAD ORLANDO FL 32807

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/13/1986**
3a. Date of Last Report: **03/30/1994**

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

4. FEI Number: **59-2700487** ☐ 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

COPELAND, RICHARD
631 PALM SPRINGS DR
SUITE 106
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	KLEPPE, THOMAS H.	1.2 NAME	
STREET ADDRESS	1782 SENECA BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	KLEPPE, MITCHELL T.	2.2 NAME	
STREET ADDRESS	499 S.W. 12TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	KLEPPE, BETTY J.	3.2 NAME	
STREET ADDRESS	1782 SENECA BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	KLEPPE, THOMAS H.	4.2 NAME	
STREET ADDRESS	1782 SENECA BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☒ Change ☐ Addition
NAME	SUTHERLAND, WILLIAM	5.2 NAME	VD Sutherland, William
STREET ADDRESS	911 S. ROME AVE #7	5.3 STREET ADDRESS	3301 Bayshore Blvd, #14 DL
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Tampa, FL 33629
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	MCREYNOLDS, DOUG	6.2 NAME	VD Mcleynolds, Doug
STREET ADDRESS	521 LIGHTNING TRL	6.3 STREET ADDRESS	567 Osceola Ave.
CITY-ST-ZIP	MAITLAND FL	6.4 CITY-ST-ZIP	Winter Park, FL 32789

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)(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: _____ Thomas H. Kleppe, President 4/28/95 407-699-7044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0053046 CP