

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100001405881  
-02/14/95--01078--005  
\*\*\*\*200.00 \*\*\*\*200.00

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **J19266** (2)

1. Corporation Name  
**KASO, INC.**

Principal Place of Business Mailing Address

% **TIMOTHY J. WARFEL**  
215 S. MONROE ST., STE 701  
TALLAHASSEE FL 32301

% **TIMOTHY J. WARFEL**  
215 S. MONROE ST., STE 701  
TALLAHASSEE FL 32301

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
06/13/1986	07/22/1994
4. FEI Number	Applied For
59-2713433	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input checked="" type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WARFEL, TIMOTHY J. 215 S. MONROE ST. STE 701 TALLAHASSEE FL 32301		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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTHERFORD, BRIAN J.	1.2 NAME	
STREET ADDRESS	307 LIDDON PLACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	LYNN HAVEN FL 32444	1.4 CITY - ST - ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTHERFORD, NATALIE G.	2.2 NAME	
STREET ADDRESS	5012 SPYGLASS DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY BCH. FL 32408	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTHERFORD, ANDREW S.	3.2 NAME	
STREET ADDRESS	P.O. BOX 1057 N/A	3.3 STREET ADDRESS	
CITY - ST - ZIP	CARRABELLE FL 32322	3.4 CITY - ST - ZIP	
TITLE	DST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTHERFORD, LU WINN R.	4.2 NAME	
STREET ADDRESS	140 JOE JENKINS ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	FAIRVIEW NC 28730	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(d), 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: *Natalie G. Rutherford* Natalie G. Rutherford 1-28-95 904 234 9037  
(Signature, typed or printed name of signing officer or director) (Date) (Telephone Number)