

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J19266 (2)**

1. Corporation Name
KASO, INC.



Principal Place of Business: **% TIMOTHY J. WARFEL, 215 S. MONROE ST., STE 701, TALLAHASSEE FL 32301**
Mailing Address: **% TIMOTHY J. WARFEL, 215 S. MONROE ST., STE 701, TALLAHASSEE FL 32301**

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

3. Date Incorporated or Qualified: **06/13/1986** 3a. Date of Last Report: **02/10/1995**
4. FEI Number: **59-2713433** 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

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

10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1215, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent 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 607.0605, Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | RUTHERFORD, BRIAN J. | |
| STREET ADDRESS | 307 LIDDON PLACE | |
| CITY-STATE-ZIP | LYNN HAVEN FL 32444 | |
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | RUTHERFORD, NATALIE G. | |
| STREET ADDRESS | 5012 SPYGLASS DR. | |
| CITY-STATE-ZIP | PANAMA CITY BCH. FL 32408 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | RUTHERFORD, ANDREW S. | |
| STREET ADDRESS | P.O. BOX 1057 N/A | |
| CITY-STATE-ZIP | CARRABELLE FL 32322 | |
| TITLE | DST | <input type="checkbox"/> DELETE |
| NAME | RUTHERFORD, LU WINN R. | |
| STREET ADDRESS | 140 JOE JENKINS ROAD | |
| CITY-STATE-ZIP | FAIRVIEW NC 28730 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|--|
| 11 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | 1919 Lou Ann |
| 14 CITY-STATE-ZIP | New Braunfels TX 78130 |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-STATE-ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-STATE-ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-STATE-ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-STATE-ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY-STATE-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)(b), 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-96 904 234 9027

CR2E034 (12/95)