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Feb 27 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 # 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 32301-1671

3. Date Incorporated or Qualified 06/13/1986
3a. Date of Last Report 04/03/1996

2. Principal Place of Business

2a. Mailing Address

21 KASO, INC
Sulte, Apt. #, etc:

26 KASO, INC.
Sulte, Apt. #, etc:

22 5012 Spysglass DR
City & State

27 5012 Spysglass DR
City & State

23 PANAMA City Bch, FL
Zip Country

28 PANAMA City Bch FL
Zip Country

24 32408

25 USA

29 32408

30 USA

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

10. Name and Address of New Registered Agent

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

81 Name WARFEL, Timothy J.
82 Street Address (P.O. Box Number is Not Acceptable) 2120 KILLARNEY WAY
83
84 City TALLAHASSEE FL 85 Zip Code 32308

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	RUTHERFORD, BRIAN J	
STREET ADDRESS	1919 LOU ANN	
CITY-ST-ZIP	NEW BRAUNFELS TX	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	RUTHERFORD, NATALIE G.	
STREET ADDRESS	5012 SPYGLASS DR.	
CITY-ST-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-ST-ZIP	CARRABELLE FL 32322	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	RUTHERFORD, LU WINN R.	
STREET ADDRESS	140 JOE JENKINS ROAD	
CITY-ST-ZIP	FAIRVIEW NC 28730	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	78130
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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: *Natalie G. Rutherford* NATALIE G. RUTHERFORD 2/27/97 2349027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRES

CR2E034 (9/96)