

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -4 PM 11:14

DOCUMENT # J59494 (1)

1. Corporation Name

KOOL KAP, CORP.

Principal Place of Business

**109-D BAYVIEW BLVD.
P.O. BOX 818
OLDSMAR FL 34677**

Mailing Address

**109-D BAYVIEW BLVD.
P.O. BOX 818
OLDSMAR FL 34677**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/02/1987

3a. Date of Last Report

04/14/1994

4. FEI Number

59-2810218

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

2. Principal Place of Business

508 Bayview Blvd

2a. Mailing Address

P.O. Box 818

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oldsmar, FL

City & State

Oldsmar, FL

Zip

34677

Country

Pineellas

Zip

34677

Country

Pineellas

9. Name and Address of Current Registered Agent

**LEES, KAREN S.
508 BAYVIEW BLVD.
OLDSMAR FL 34677**

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 607.0505, 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

TITLE

P

NAME

LEES, ALBERT C.

STREET ADDRESS

508 BAY VIEW BLVD

CITY - ST - ZIP

OLDSMAR FL

TITLE

T

NAME

LEES, AC

STREET ADDRESS

11115 VISTA HAVEN DR

CITY - ST - ZIP

CHARLOTTE NC

TITLE

ST

NAME

LEES, KAREN S.

STREET ADDRESS

508 BAYVIEW BLVD.

CITY - ST - ZIP

OLDSMAR FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**PLEASE OMIT
THIS ADDRESS**

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(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: Karen S. Lees / Karen S. Lees

3/30/95 (813) 855-2446