FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # K06238 (5)

1. Corporate Name

K L AND ASSOCIATES, INC.

Principal Place of Business: 4797 OVERLOOK DR NE, ST. PETERSBURG FL 33703

Mailing Address: 4797 OVERLOOK DR NE, ST. PETERSBURG FL 33703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/01/1988

3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-2864156 — 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 — 21, 22 Suite, Apt # etc, 23 City & State, 24 Zip, 25 Country

2a. Mailing Address — 26, 27 Suite, Apt # etc, 28 City & State, 29 Zip, 30 Country

9. Name and Address of Current Registered Agent

BOZMOSKI JR., JOHN
600 BYPASS DR #215
SUITE B
CLEARWATER FL 34624

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

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	LAMBERT, KELLY
STREET ADDRESS	4797 OVERLOOK DR NE
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	D
NAME	BOZMOSKI JR., JOHN
STREET ADDRESS	311 PALM ISLAND N.E.
CITY-ST-ZIP	CLEARWATER FL
TITLE	DS
NAME	LAMBERT, LESLIE M.
STREET ADDRESS	3891 NIGHTHAWK DR
CITY-ST-ZIP	PALM HARBOR FL
TITLE	D
NAME	GREEN, JOHN W.
STREET ADDRESS	4797 OVERLOOK DR NE
CITY-ST-ZIP	ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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(1)(i), Florida Statutes. I further certify that the information indicated on the 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: K. Lambert K. Lambert Pres 5/2/95 (813)528-0030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0308187 CP