

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K24697 (0)

1. Corporation Name

KAETOO, INC.



Principal Place of Business

4315 W. GULF DR
P O BOX 1669
SANIBEL FL 33957-8669

Mailing Address

P.O. BOX 1669
SANIBEL FL 33957-8669
US

3. Date Incorporated or Qualified
05/25/1988

3a. Date of Last Report
09/28/1995

2. Principal Place of Business

2a. Mailing Address

21 2402 PALM RIDGE ROAD

26 Suite, Apt. #, etc.

22 Box 1669

27 City & State

23 SANIBEL FL

28 City & State

24 33957-1669

29 Zip Country

30 Zip Country

4. FEI Number
65-0063795

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

KOEHLER, KENNETH E.
4315 W. GULF DRIVE
SANIBEL FL 33957

81 Name
KENNETH E. KOEHLER

82 Street Address (P.O. Box Number is Not Acceptable)
2402 PALM RIDGE ROAD

83 Box 1669

84 City
SANIBEL

FL 85 Zip Code
33957-1669

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 of person named, of registered agent and title, if applicable

(NOTE: Registered Agent signature is filed when registering)

1/15/96

DATE

12. OFFICERS AND DIRECTORS

111 PD
NAME KOEHLER, KENNETH E.
STREET ADDRESS 4315 W. GULF DRIVE
CITY-ST-ZIP SANIBEL FL

112 TITLE ☐ DELETE

113 NAME

114 STREET ADDRESS

115 CITY-ST-ZIP

116 TITLE ☐ DELETE

117 NAME

118 STREET ADDRESS

119 CITY-ST-ZIP

120 TITLE ☐ DELETE

121 NAME

122 STREET ADDRESS

123 CITY-ST-ZIP

124 TITLE ☐ DELETE

125 NAME

126 STREET ADDRESS

127 CITY-ST-ZIP

128 TITLE ☐ DELETE

129 NAME

130 STREET ADDRESS

131 CITY-ST-ZIP

132 TITLE ☐ DELETE

133 NAME

134 STREET ADDRESS

135 CITY-ST-ZIP

136 TITLE ☐ DELETE

137 NAME

138 STREET ADDRESS

139 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2 1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3 1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4 1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6 1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96 9/11-395-0660

Date

Daytime Phone #

CR2E034 (12/95)