

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

SEP 11 - 1 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K53177** (7)

1. Corporation Name

KENNETH D. REJKO DESIGN CONSULTANTS INC.

Principal Place of Business

**1290 AMBERLEA COURT WEST
DUNEDIN FL 34698**

Mailing Address

**1290 AMBERLEA COURT WEST
DUNEDIN FL 34698**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified **12/22/1988** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2931055** 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 corporate tax under 5-197.032, Florida Statutes. Yes No

2. Principal Place of Business

21. State, Apt #, etc.

22. City & State

23. ZIP

24. County

2a. Mailing Address

25. State, Apt #, etc.

27. City & State

28. ZIP

29. County

9. Name and Address of Current Registered Agent

**REJKO, KENNETH D
1290 AMBERLEA COURT WEST
DUNEDIN FL 34698**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0901 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 607.0405, Florida Statutes.

SIGNATURE

OFFICERS AND DIRECTORS

ADDITIONAL NAME LIST OF OFFICERS AND DIRECTORS IN 12

12.1	12.2	12.3	12.4
TITLE	NAME	STREET ADDRESS	CITY, STATE, ZIP
DP	REJKO, KENNETH D	1290 AMBERLEA COURT WEST	DUNEDIN FL
ST	REJKO, AMANDA W	1290 AMBERLEA COURT WEST	DUNEDIN FL

13.1	13.2	13.3	13.4
TITLE	NAME	STREET ADDRESS	CITY, STATE, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0102(9)(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 and shall confer liability that can be enforced in the State of Florida on the corporation or the officer or director responsible to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Amanda W. Rejko* AMANDA W. REJKO 4-28-95 (813) 734-0024