FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED
95 MAY -1 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K57705** **(1)**

1. Corporate Name
K-MEL, INC.

Principal Place of Business
PELICAN POINT DOCKS
HIGHWAY 98 EAST
DESTIN FL 32541
US

Mailing Address
% MELVIN E. ROBINSON
304 PRIMROSE CIR DR POB 5095
DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/11/1989**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business
21
2a. Mailing Address
26
Suite, Apt. # or Bldg.
22
Suite, Apt. # or Bldg.
27
City & State
23
City & State
28
24 25 29 30

4. FEI Number: **59-2954524**
Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Fee for Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation is registered with the state of Florida Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
ROBINSON, MELVIN E.
302 PRIMROSE CIRCLE
DESTIN FL 32541

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 Section 607.0505, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and address of the registered agent and office are hereby accepted. 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	DST
NAME	ROBINSON, MELVIN E.
STREET ADDRESS	304 PRIMROSE CR
CITY, ST, ZIP	DESTIN FL
TITLE	DP
NAME	ROBINSON, SCOTT
STREET ADDRESS	706 FOREST
CITY, ST, ZIP	DESTIN FL

13. ADDITIONS, CHANGES, OR DELETIONS TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report complies with the requirements of Section 607.0505, Florida Statutes. I further certify that the information indicated on the annual report or application for reinstatement is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered officers and directors.

SIGNATURE: Melvin E. Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

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