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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 27 PM 3:23

DOCUMENT # **L04048** **(9)**

1. Corporation Name
KAU, INC.

Principal Place of Business
% LAWRENCE R. PATTERSON
3010 3 ST S #A
JACKSONVILLE FL 32250

Mailing Address
% LAWRENCE R. PATTERSON
3010 3 ST S #A
JACKSONVILLE FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/21/1989**
3a. Date of Last Report: **02/22/1994**

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

4. FEI Number: **59-2969010** — 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
PATTERSON, LAWRENCE R.
3010 3 ST S
SUITE A
JACKSONVILLE FL 32250

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 _____ FEB 6/1995
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when name/address — DATE

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	UNGER, KENNETH A.
STREET ADDRESS	300 NORTH 2ND 14
CITY-ST-ZIP	JACKSONVILLE BE
TITLE	D
NAME	UNGER, KENNETH, A
STREET ADDRESS	300 NORTH 2ND 14
CITY-ST-ZIP	JACKSONVILLE BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	PST	☑ Change ☐ Addition
1.2 NAME	UNGER, KENNETH A.	
1.3 STREET ADDRESS	488 BEACH BLVD.	
1.4 CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
2.1 TITLE	O	☑ Change ☐ Addition
2.2 NAME	UNGER, KENNETH A.	
2.3 STREET ADDRESS	488 BEACH BLVD	
2.4 CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
3.1 TITLE	Assistant Secretary	☐ Change ☑ Addition
3.2 NAME	Robin Sidbury	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Assistant Secretary	☐ Change ☑ Addition
4.2 NAME	Joseph Gercken	
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 119.07(3)(i), 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: _____ FEB 6/1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000048 CP