

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 # L51844 (3)

1. Corporation Name

KMC ENTERPRISES, INC.



Principal Place of Business

1723 HUDSON ST.  
ENGLEWOOD FL 34223

Mailing Address

1723 HUDSON ST.  
ENGLEWOOD FL 34223

3. Date Incorporated or Qualified

02/21/1990

3a. Date of Last Report

03/31/1995

2. Principal Place of Business

2a. Mailing Address

21 8101 MINNESOTA KEY RD

26 8101 MINNESOTA KEY RD

4. FEI Number

31-1293215

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

22 City & State

27 City & State

23 Englewood FLA

28 Englewood FLA

24 34223

25 SARASOTA

29 34223

30 SARASOTA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CALLA, KIM  
1723 HUDSON STREET  
ENGLEWOOD FL 34223

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

*Kim M. Calla*

(NOTE: Registered Agent signature required when reinstating)

2/26/96

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME CALLA, KIM  
STREET ADDRESS 1723 HUDSON ST  
CITY-ST-ZIP ENGLEWOOD 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

TITLE  
NAME  
STREET ADDRESS  
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)(k), 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:

*Kim M. Calla*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96

941-4750641

Daytime Phone #

CR2E034 (12/95)