

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 # **L96854** (9)

1. Corporation Name

KATHERINE'S DRIVE AWAY, INC.



Principal Place of Business

Mailing Address

**4931 86TH AVE., NO.
PINELLAS PARK FL 34666-5313
US**

**4931 86TH AVE., NO.
PINELLAS PARK FL 34666-5313
US**

3. Date Incorporated or Qualified

08/29/1990

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3027671

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

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Zip

Country

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30

9. Name and Address of Current Registered Agent

**WEEKS, KATHERINE M.
4931 86TH AVE., N.
PINELLAS PARK FL 34662**

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 607.0509 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 typed or printed name of officer or director of the corporation

Signature typed or printed name of registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME

**PD
WEEKS, KATHERINE M.
4931 86TH AVE N
PINELLAS PARK FL**

☐ DELETE

STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME

**VD
WEEKS, ARNOLD E.
4931 86TH AVE N
PINELLAS PARK FL**

☐ DELETE

STREET ADDRESS
CITY- ST- ZIP

TITLE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change

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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.

02/12/96

SIGNATURE: *Katherine Weeks* Katherine M. Weeks as President 813-546-9094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (12/95)