SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 11 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M63688** **(9)**

1. Corporation Name
KIT MFG. INC.

Principal Place of Business	Mailing Address
C/O BRENDA S. VANVALKENBURG 4761 NW 103RD AVE. SUNRISE FL 33351 US	4761 NW 103RD AVE SUNRISE FL 33351 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/16/1987
3a. Date of Last Report: 08/01/1994

2. Principal Place of Business
21: 112 Kilkenny
22 Suite, Apt. #, etc.:
23 City & State: LONGWOOD FL
24 Zip: 32779 25 Country: USA

2a. Mailing Address
26: 112 Kilkenny Ct
27 Suite, Apt. #, etc.:
28 City & State: LONGWOOD FL
29 Zip: 32779 30 Country: USA

4. FEI Number: 65-0016645 ☐ 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

VANVALKENBURG, BRENDA S.
3540 NW 114 TERRAVE
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 112 Kilkenny Ct
83:
84 City: LONGWOOD FL 85 Zip Code: 32779

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	VANVALKENBURG, BRENDA S.	1.2 NAME	
STREET ADDRESS	3540 NW 114 TERR	1.3 STREET ADDRESS	112 Kilkenny Ct
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	LONGWOOD FL 32779
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	VANVALKENBURG, TODD T.	2.2 NAME	
STREET ADDRESS	3540 NW 114 TERR	2.3 STREET ADDRESS	112 Kilkenny Ct
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	LONGWOOD FL 32779
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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: Brenda S. VanValkenburg 7-3-95 407-865-7114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Brenda S. VanValkenburg

0080021 CP