Entity Name	00082506		FILES  JELKETARY OF STATE  JEVISION OF CORPORATION
KARNIG AND ASSOCIATES, INC.		/	
Principal Place of Business 12613 CLENDENNING DR TAMPA FL 33624	Mailing Address 12613 CLENDENVING DI TAMPA FL 33624	R .	OI SEP 26 PM I2: 53
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	City & State		4. FEI Number Applied For Not Applied For Not Applied For
Zip Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current	t Registered Agent	. Name	7. Name and Address of New Registered Agent
KARNIG, KENNETH J 12613 CLENDENNING DR TAMPA FL 33824			ss (P.O. Box Number is Not Acceptable)
. The above named entity submits this statement if	for the purpose of changing it	City ts registered office of regis	FL Zip Code
IGNATURE Kenneth J. K. Stynatura. typed or printed name of registered agen	A CAL G et and size if applicable. (NO  After September 1	Is registered office or/regis  OFFE Registered Agent signature recut  VIII FEE IS \$550.00  12, 2001 Fee will be \$75	stered agent, or both, in the State of Florida. C/2 of State of Florida
GIGNATURE Kenneth J. K. Signature. hyped or printed name of registered agen.  9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back)	A CAN G  If and cop if applicable. (NO  FILE NOW  After September 1  Make Check Paya	Is registered office ogregis  OTE: Registered Agent eignature requirements  VIII FEE IS \$550.00	Stered agent, or both, in the State of Florida. Co. 9  9
SIGNATURE Signature. Speed or printed name of registered agen  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  OFFICERS AND THE THE HAZEL CE FARMING	A CAN G  If and the If applicable. (NO  After September 1  Make Check Paya  D DIRECTORS	Is registered office offeed in the control of the c	stered agent, or both, in the State of Florida. C/2 of Suited when remaining)  10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees
SIGNATURE  Signature. Signature. Spread or printed name of registered agen.  9. This corporation is eligible to satisfy its Intangible. Tax filing requirement and elects to do so.  (See criteria on back)  1. OFFICERS ANE  THE Pros. den  HAZEL C. KARNIN  Same W. above.  THE V. P. & ASS F.  ICLIN ETH. J. KARNIN  THEFT ADDRESS  THE V. P. & ASS F.  ICLIN ETH. J. KARNIN  THEFT ADDRESS  THE CLIN ETH. J. KARNIN  THE CLIN ETH. J. KARNIN  THE TANDRESS  THE TANDRESS	A RANG  In and the if applicable. (NO  REFERENCE TO THE NOW After September 1  Make Check Paya  DIRECTORS  Delete  Company of the property of	ts registered office offegis  OTE: Registered Agent signature regis  VIII FEE IS \$550.00  12, 2001 Fee will be \$7' able to Department of \$  12.  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE  NAME  STREET ADDRESS	Stered agent, or both, in the State of Florida. Co. 9  9
IGNATURE    Signature   Signat	A CAN G It and top if applicable. (NO After September 1 Make Check Paya D DIRECTORS  Delete  Delete	Is registered office offegis  OTE: Registered Agent signature record  VIII: FEE IS \$550.00  12, 2001 Fee will be \$78  STREET ADDRESS  CITY-S1-ZIP  LITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  LITLE  INTLE	stered agent, or both, in the State of Florida. C/2 of State of Florida
SIGNATURE Signature. Speed or printed name of registered agen  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)  11. OFFICERS AND  THE HAVE TREET ADDRESS TREET ADDRESS THE WALL TREET ADDRESS Same as above TREET ADDRESS TREET ADRESS TREET ADDRESS TREET ADDRESS T	A RANG A and the if applicable. (NO FILE NOW After September 1 Make Check Paya DDIRECTORS Delete Company Delete ARANG ARANG Delete ARANG ARANG Delete ARANG	ts registered office orfogis  OUTE: Pregistered Agent signature regul  VIII FEE IS \$550.00  12, 2001 Fee will be \$7' able to Department of \$  12.  TIFLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP	Stered agent, or both, in the State of Florida. C2. 9  9
(See criteria on back)  The prosident fraction of the control of t	A RANG A and the if applicable. (NO FILE NOW After September 1 Make Check Paya DDIRECTORS Delete Company Delete ARANG ARANG Delete ARANG ARANG Delete ARANG	Is registered office or/regis  OCTE: Pregistered Agent signature reco.  VIII: FEE IS \$550.00  12, 2001 Fee will be \$7: able to Department of S  12.  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  ITTLE  NAME  STREET ADDRESS  CITY-S1-ZIP  ITTLE  NAME  STREET ADDRESS  CITY-S1-ZIP  ITTLE  NAME  STREET ADDRESS	Stered agent, or both, in the State of Florida. C2. 9  9
Signature Separative Appeal or printed name of registered agent ag	A CON G  and cos if applicable. (NO  Be FILE NOW.  After September 1  Make Check Paya  Delete  Delete  Delete  Delete  ARAN G  Delete	IS registered office offension of the control of th	Stered agent, or both, in the State of Florida. C2. 9  Since when remaising)  10. Election Campeign Financing Trust Fund Contribution. State  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  Change Addition