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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P11326 1. Corporation Name

KAISCO INC.

Principal Place of Business

Mailing Address

1800 MORSE ROAD COLUMBUS OH 43229 1800 MORSE ROAD COLUMBUS OH 43229

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90209 021 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

						3. Date Incorporated or Qualified 09/04/1986		Į
2 Principal P	lace of Business	2a.	. Mailing Address			4. FEI Number	Ar	plied For
Z. Fillicipar C	iaca (ii Dusiness	26	, , , , , , , , , , , , , , , , , , ,			31-1182713		t Applicable
Suite, Apt.	# atr		Suite, Apt. #, etc.				\$8.75	Additional
22	W1 010	27				5. Certificate of Status Desired	Fee Re	equired
City & Stat	9	- 21	City & State			6. Election Campaign Financing	\$5.00	May Be
¬ '		28	•			Trust Fund Contribution	Added	•
Zip	Country	120	Zip	Cou	ntry	8. This corporation owes the current year Intan	ngible	
<b>¬</b> '	25	29		30	-		Yes	□No
24	9. Name and Address of Current					10. Name and Address of New Registered Ag	gent	•
	The state of the s	<i>a</i>			81 Name			
CT CORPORATION SYSTEM						to an analysis and a secondarial and a secondari		
1200 S. PINE ISLAND ROAD					82 Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324					83			
					~ <u> </u>			
					84 City	FI	<b>85</b> Zip	Code
					<u> </u>	poration submits this statement for the purpose of ch	hanaina ita	rogistored
office or r	egistered agent, or both, in the State on the state of the familiar with, and accept the obligations.	of Flore ions of	da. Such change was at 7, Section 607.0505, Flor	thorized ida Stati	i by the corporal	RON'S BOARD OF DIRECTORS. THEREBY ACCEPT THE APPOINT	ment as re	gisterea 
40	Signature, typed or printed name of registered agent			13.	when sitting in india	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
12.	OFFICERS ANI	אות ח	DELETE	1,1 Π	ne T		Change	Addition
TITLE	DOCC DANDY		₩ petrir			•		-
NAME	ROSS, RANDY J.			1,2 NA	1			
STREET ADORESS				1.3 \$1	REET ADDRESS			
CITY-ST-ZIP	SANFORD FL			1.4 CI	TY-ST-ZIP			
CITY-ST-ZIP TITLE	CD	•	☐ DELETE	1.4 CI 2.1 TI			☐ Change	Addition
		•	☐ DELETE	_	TLE .		Change	Addition
TITLE NAME	CD KRIEGER, A. GEORGE		☐ DELETE	2.1 TT	TLE .		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	CD KRIEGER, A. GEORGE		☐ DELETE	2.1 TT 2.2 N/ 2.3 ST	TLE WME		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KRIEGER, A. GEORGE 1800 MORSE RD		DELETE	2.1 TT 2.2 N/ 2.3 ST	TLE  MME  REET ADDRESS  ITY- ST- ZIP	ew e e entre e e	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CD KRIEGER, A. GEORGE 1800 MORSE RD COLUMBUS OH			2.1 TT 2.2 Nv 2.3 ST 2.4 C 3.1 TT	TLE TME TREET ADDRESS TTY- ST- ZIP TLE	ew e e entre e e		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	CD KRIEGER, A. GEORGE 1800 MORSE RD COLUMBUS OH V KRIEGER, G. DOUGLAS			2.1 TT 2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/	REET ADDRESS ITY-ST-ZIP TLE	ew e e entre e e		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CD KRIEGER, A. GEORGE 1800 MORSE RD COLUMBUS OH V KRIEGER, G. DOUGLAS 1800 MORSE ROAD			2.1 TT 2.2 Nv 2.3 ST 2.4 C 3.1 TT 3.2 Nv 3.3 ST	TLE  MME  REET ADDRESS  ITY-ST-ZIP  TLE  MME  REET ADDRESS	ew e e entre e e		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	CD KRIEGER, A. GEORGE 1800 MORSE RD COLUMBUS OH V KRIEGER, G. DOUGLAS 1800 MORSE ROAD COLUMBUS OH ST FERGUSON, T. BRENT			2.1 TT 2.2 N/ 2.3 ST 72.4 C 3.1 π 3.2 N/ 3.3 ST 3.4 C 4.1 π 4.2 N/	TLE  MME  REET ADDRESS  ITY-ST-ZIP  TLE  MME  REET ADDRESS  ITY-ST-ZIP  TLE  AAME		Change	☐ Addition
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4. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-15-99

407-322-920