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Jul 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P19166

(8)

1. Corporation Name

KASCO SERVICES CORPORATION

Principal Place of Business

1569 TOWER GROVE AVE.,
ST. LOUIS MO 63110

Mailing Address

2251 LUCIEN WAY
300
MAITLAND FL 32751-7037
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

05/06/1988

3a. Date of Last Report

02/27/1996

4. FEI Number

13-3341885

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME PRUM, ELMER
STREET ADDRESS 9940 GREENBROOK COURT
CITY-ST-ZIP ORLANDO FL

TITLE VT ☐ DELETE

NAME WILKINSON, BOB
STREET ADDRESS 743 BEAR CREEK CIRCLE
CITY-ST-ZIP WINTER SPRINGS FL

TITLE VS ☐ DELETE

NAME STEINHART, BARRY
STREET ADDRESS 409 WINDING CREEK PLACE
CITY-ST-ZIP LONGWOOD FL

TITLE AT ☐ DELETE

NAME MORTENSON, TIMOTHY J
STREET ADDRESS 16423 WILSON CREEK COURT
CITY-ST-ZIP CHESTERFIELD FL

TITLE AT ☐ DELETE

NAME ROGERS, DREW M.
STREET ADDRESS 1818 WINSOR OAK DR
CITY-ST-ZIP APOPKA FL

TITLE D ☐ DELETE

NAME FIONTHORN, LUKE E.
STREET ADDRESS 514 HOLLOW TREE RIDGE
CITY-ST-ZIP DARIEN CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Berresford, Jeffrey M.
1.3 STREET ADDRESS 1569 Tower Grove Drive
1.4 CITY-ST-ZIP St. Louis MO 63110

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE SD ☒ Change ☐ Addition

3.2 NAME Metcalf, Linda M.
3.3 STREET ADDRESS 405 Virginia Drive
3.4 CITY-ST-ZIP Winter Park FL 32789

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE

CR2E034 (9/96)