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0075355

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90025 047 ***150.00

DOCUMENT # P19166

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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1988

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

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

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 BERRESFORD, JEFFREY M
STREET ADDRESS 1569 TOWERGROVE DR
CITY-ST-ZIP ST. LOUIS MO

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

TITLE AS ☐ DELETE
NAME LAMBERT, JAMES W
STREET ADDRESS 489 PICKFORD POINT
CITY-ST-ZIP LONGWOOD FL 32779

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

TITLE AT ☐ DELETE
NAME MAINGOT, LARRY C
STREET ADDRESS 1060 VISTA ROAD
CITY-ST-ZIP LONGWOOD FL 32750

TITLE D ☐ DELETE
NAME FICHTHORN, 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 P only ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VTP ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE AT ☐ Change ☒ Addition
4.2 NAME SCHUPPE, CRAIG D.
4.3 STREET ADDRESS 7449 MEGAN ELISSA LANE
4.4 CITY-ST-ZIP ORLANDO FL 32819

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 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 REQUIRED
CRAIG D. SCHUPPE

2/5/99
Date

(407)875-2222
Daytime Phone #

CR2E034 (1/98)