

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**
95 APR 26 PM 12:58
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P92000000718 (6)

1. Corporation Name
KODICA CORP.

Principal Place of Business Mailing Address
8283 BESSEMER AVE **P.O. BOX 7805**
NORTH PORT FL 34287 **NORTH PORT FL 34287**
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
10/29/1992 **05/11/1994**

4. FBI Number Applied For
65-0367058 Not Applicable

5. Certificate of Status Destroyed \$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

2. Principal Place of Business 2a. Mailing Address
21 **1381 Nimbus Drive** 26 **same**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State 28 City & State
North Port, Florida

24 Zip Country 29 Zip Country
34287 **U.S.A.**

9. Name and Address of Current Registered Agent
DONEY, DAVID M
% FOWLER, WHITE, GILLEN, BOGGS, ETAL
501 E KENNEDY BLVD SUITE 1700
TAMPA FL 33602

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City B5 Zip Code
FL

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 reappointing)

12. OFFICERS AND DIRECTORS

TITLE D
NAME **SCHEDER, ROBERT E**
STREET ADDRESS **1381 NUMBUS DR.**
CITY-ST-ZIP **NORTH PORT FL**

TITLE D
NAME **SCHEDER, BEVERLY**
STREET ADDRESS **1381 NUMBUS DR.**
CITY-ST-ZIP **NORTH PORT FL**

TITLE D
NAME **KALAPATI, STEPHEN A**
STREET ADDRESS **1381 NUMBUS DR**
CITY-ST-ZIP **NORTH PORT FL**

TITLE D
NAME **KALAPATI MARIA**
STREET ADDRESS **1381 NUMBUS DR.**
CITY-ST-ZIP **NORTH PORT FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D Change Addition
1.2 NAME **SHEDEGER, Robert**

2.1 TITLE D Change Addition
2.2 NAME **SHEDEGER, Beverley**

3.1 TITLE Change Addition

4.1 TITLE Change Addition

5.1 TITLE Change Addition

6.1 TITLE Change Addition

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 110.07(3)(b), 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 this 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: *M. Kalapati*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
M. KALAPATI

4-18-95 (813) 426-4480
Date Filing Hours