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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9200001030 (5)

## FILED Jan 15 1998 8:00am Secretary of State

KAAM EQUIPMENT GROUP, INC. Principal Place of Business Mailing Address P.O. BOX 24475 P.O. BOX 24475 TAMPA FL 33622-4475 TAMPA FL 33622-4475 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/26/1992 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3154801 Not Applicable Suite, Apt, #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 ☐ Yes 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LANE, CHARLES C 100 SOUTH ASHLEY DRIVE Street Address (P.O. Box Number is Not Acceptable) **SUITE 1700** 83 **TAMPA FL 33602** 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 regi 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE ☐ Change Addition NAME GOWEN, KEVIN R SR 1.2 NAME STREET ADORESS 13619 LYTTON WAY 1.3 STREET ADDRESS TAMPA FL 33624 CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE TITLE ST Addition GOWEN, KRISTINE A NAME 2.2 NAME 13619 LYTTON WAY STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL 33624 CITY - ST - ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE \_\_ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP TITLE ☐ DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP

14. I hereby certify that the Information supplied with this filling does not codify 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 of the receiver of relative 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 attackment with an address.

SIGNATURE:

**M**REQUIRED

1-9-98

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