

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN -1 AM 8:57

DOCUMENT # P92000004364 (5)

1. Corporation Name
KEPASE DEVELOPMENT COMPANY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **12298 MATTERHORN DRIVE
AIRPORT WOODS INDUSTRIAL PARK
FT. MYERS FL 33902**

Mailing Address: **12298 MATTERHORN DRIVE
AIRPORT WOODS INDUSTRIAL PARK
FT. MYERS FL 33902**

3. Date Incorporated or Qualified: **11/13/1992**

3a. Date of Last Report: **02/28/1994**

4. FEI Number: **65-0379274**

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

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

State, Apt # etc.: **22**

City & State: **27**

City & State: **28**

ZIP: **24** County: **25**

ZIP: **29** County: **30**

9. Name and Address of Current Registered Agent

**GARRITY, PAUL G SR.
12298 MATTERHORN DR.
AIRPORT WOODS INDUSTRIAL PARK
FT. MYERS FL 33902**

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P O Box Number is Not Acceptable)

03

04 City **FL** 05 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 of current registered agent) _____ (Signature of new registered agent) _____ (Signature of officer/director)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GARRITY JR., PAUL G.
STREET ADDRESS	36 TEMPLE COURT
CITY ST ZIP	NEW HAVEN CT 06510
TITLE	VD
NAME	GARRITY SR., PAUL G.
STREET ADDRESS	3309 GULF SHORE BLVD.
CITY ST ZIP	NAPLES FL 33940
TITLE	TD
NAME	GARRITY, SEAN R.
STREET ADDRESS	3 CLOVER LANE
CITY ST ZIP	MADISON CT 06443
TITLE	SD
NAME	GARRITY, KEVIN S.
STREET ADDRESS	72 WICKFORD PLACE
CITY ST ZIP	MADISON CT 06443
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I, the undersigned, certify that the information supplied with this return voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(b), Florida Statutes. I further certify that the information indicated in this annual report or supplemental 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 registered or unregistered agent responsible to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 of this return. I am not an individual with an address.

SIGNATURE: _____ **May 12, 1995**

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR