

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

May 01 1996 8:00 am
Secretary of State

DOCUMENT # P92000013282 (8)

1. Corporation Name

KMR DEVELOPMENT CORPORATION

Principal Place of Business

116 CITRUS WOOD CT
DAVENPORT FL 33837

Mailing Address

116 CITRUS WOOD CT
DAVENPORT FL 33837



3. Date Incorporated or Qualified
12/18/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 2025 FLORENCE VILLA GROVE RD
Suite, Apt. #, etc.

2a. Mailing Address

26 2025 FLORENCE VILLA GROVE RD.
Suite, Apt. #, etc.

22 City & State

23 DAVENPORT, FL.

24 33837

Country

25 POLK

27 City & State

28 DAVENPORT, FL.

29 33837

Country

30 POLK

4. FEI Number
59-3161427

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

9. Name and Address of Current Registered Agent

YOUNG, NEAL E
300 THIRD ST NW
WINTER HAVEN FL 33881

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 this is applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME KALUHIOKALANI, KARL A.
STREET ADDRESS 116 CITRUSWOOD COURT
CITY-ST-ZIP DAVENPORT FL

☐ DELETE

TITLE VD
NAME SOFFERIN, ROBIN L.
STREET ADDRESS 116 CITRUSWOOD COURT
CITY-ST-ZIP DAVENPORT FL

☐ DELETE

TITLE STD
NAME KALUHIOKALANI, KATHLEEN B.
STREET ADDRESS 116 CITRUSWOOD COURT
CITY-ST-ZIP DAVENPORT FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 11525 OSPREY POINTE BLVD.
1.4 CITY-ST-ZIP CLERMONT, FL. 34711

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 2025 FLORENCE VILLA GROVE RD.
2.4 CITY-ST-ZIP DAVENPORT, FL. 33837

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 11525 OSPREY POINTE BLVD.
3.4 CITY-ST-ZIP CLERMONT, FL. 34711

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ 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 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *Karl A. Kaluhiokalani*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96 941-484-0555
Date Daytime Phone

CR2E034 (12/95)