

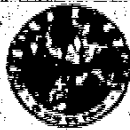
**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**95 APR 25 AM 10:15**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # P93000007900 (2)**

**1. Corporation Name  
KAPA, INC.**

**Principal Place of Business  
1820 MICHELS DR NE  
PALM BAY FL 32905-3904**

**Mailing Address  
1820 MICHELS DR NE  
PALM BAY FL 32905-3904**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified  
01/26/1993**      **3a. Date of Last Report  
02/03/1994**

**2. Principal Place of Business  
21**

**2a. Mailing Address  
26**

**4. FEI Number  
59-3174949**

**Applied For  
Not Applicable**

**22 Suite, Apt. #, etc.**

**27 Suite, Apt. #, etc.**

**5. Certificate of Status Desired  \$8.75 Additional Fee Required**

**23 City & State**

**28 City & State**

**6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees**

**24 Zip Country**

**29 Zip Country**

**8. This corporation has liability for intangible tax under § 199.032, Florida Statutes  Yes  No**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**MITCHELL, BRUCE A  
1825 S RIVERVIEW DR  
MELBOURNE FL 32901**

**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**83**  
**84 City**      **85 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**

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when re-registering

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>COURTNEY, VIRGINIA A</b>
<b>STREET ADDRESS</b>	<b>1820 MICHELS DR NE</b>
<b>CITY - ST - ZIP</b>	<b>PALM BAY FL 32905-3904</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
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<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b>	
<b>1.3 STREET ADDRESS</b>	
<b>1.4 CITY - ST - ZIP</b>	
<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>	
<b>2.3 STREET ADDRESS</b>	
<b>2.4 CITY - ST - ZIP</b>	
<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b>	
<b>3.3 STREET ADDRESS</b>	
<b>3.4 CITY - ST - ZIP</b>	
<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2 NAME</b>	
<b>4.3 STREET ADDRESS</b>	
<b>4.4 CITY - ST - ZIP</b>	
<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>	
<b>5.3 STREET ADDRESS</b>	
<b>5.4 CITY - ST - ZIP</b>	
<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>	
<b>6.3 STREET ADDRESS</b>	
<b>6.4 CITY - ST - ZIP</b>	

**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)(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 on an attachment with an address.**

**SIGNATURE:**

*Virginia A. Courtney*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

**4. 19. 95**  
Date

**407 724-1904**  
Domyia Pierce