

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 JAN 18 PM 2:53

DOCUMENT # P93000047637 (2)

1. Corporation Name

KACHINA, INCORPORATED

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/30/1993
3a. Date of Last Report 01/20/1994

4. FEI Number 59-3195661
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. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

25. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

BENNETT, DERRICK
112 E THIRD COURT
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. Zip Code

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 the applicant)

(If FEI, Registered Agent signature required when consolidating)

(Date)

12. OFFICERS AND DIRECTORS

TITLE D
NAME WOMACK, LOREN M
STREET ADDRESS 2808 KINGWOOD DR
CITY, ST, ZIP PANAMA CITY FL 32405

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
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STREET ADDRESS
CITY, ST, ZIP

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CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

2. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

3. TITLE ☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

4. TITLE ☐ Change ☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY, ST, ZIP

5. TITLE ☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY, ST, ZIP

6. TITLE ☐ Change ☐ Addition

62. NAME

63. STREET ADDRESS

64. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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 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 as an attachment with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

1-10-95

(904) 763 6785