

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000053723 (1)

1. Corporation Name

THE KILLIAN CORPORATION

Principal Place of Business

**2389 NE 30 CT
LIGHTHOUSE POINT FL 33064**

Mailing Address

**2389 NE 30 CT
LIGHTHOUSE POINT FL 33064**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/26/1993

3a. Date of Last Report

04/27/1994

4. FEI Number

APPLIED FOR 65-0435212

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 2871 NE 30 ST

2a. Mailing Address

26 2871 NE 30 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 LIGHTHOUSE PT, FL

City & State

26 LIGHTHOUSE PT, FL

Zip

24 33064

Country

25 BEDWARD

Zip

29 33064

Country

30 BROWARD

9. Name and Address of Current Registered Agent

**BAGDASARIAN, RICHARD C
2424 N FEDERAL HWY
STE 360
BOCA RATON FL 33431**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 fee if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **KILLIAN, GRANT**
STREET ADDRESS **2389 NE 30 CT**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE **VSTD**
NAME **KILLIAN, JANE**
STREET ADDRESS **2389 NE 30 CT**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **2871 NE 30 ST**

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS **2871 NE 30 ST**

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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)(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 on an attachment with an address.

SIGNATURE: **Grant A. Killian, PRESIDENT**

4-25-95

305-786-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GRANT A. KILLIAN, PRES