FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000057911 (8)

KANGAROO KONNECTION, INC.

Principal Place of Business Mailing Address 205 N. WOODLAND BLVD. 205 N. WOODLAND BLVD. DELAND FL 32720 **DELAND FL 32720-4218** 3. Date Incorporated or Qualified 3a. Date of Last Report 08/17/1993 06/19/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3195921 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country $Z \phi$ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SHEPARD, KENTON A 205 N. WOODLAND BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **DELAND FL 32720** 83 84 City Zip Code 85 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE ☐ Change ___ Addition NAME WEST, NANCY A 1.2 NAME 600 N. BOUNDARY #109 STREET ADDRESS 1.3 STREET ADDRESS DELAND FL 32720 CITY-ST-7:P 1.4 City - ST - ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition 2.2 NA 4E NAME STREET ADDRESS 2.3 STREET ADDRESS CHY-ST-ZIE 2. 4 CITY - ST - ZIP DELETE TOTALE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change ___ Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP DELETE Addition TITLE 5.1 TITLE ☐ Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

SIGNATURE

CITY-S1-ZIP

SIGNATURE AND TYPE OR PRINTED PAME OF SIGNING OFFICER OR DIRECTO

appears in Block 12 or Block 13 if changed, or on an attachment with an address

1-29-97

904.749.1436

Daytime Phone

•

(96/6)

FILED

Feb 06 1997 8:00am

Secretary of State