

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000057945 (6)

1. Corporation Name:

K.O.B. & COMPANY, INC.

Principal Place of Business:

1478 JEFFERSON AVE
FT MYERS FL 33901

Mailing Address:

1478 JEFFERSON AVE
FT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1993

3a. Date of Last Report

02/11/1994

4. FEI Number

65-0433312

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'BRIEN, KATHERINE S
1478 JEFFERSON AVENUE
FT. MYERS FL 33901

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

12. OFFICERS AND DIRECTORS

TITLE DPST
NAME O'BRIEN, KATHERINE S
STREET ADDRESS 1478 JEFFERSON AVE.
CITY, ST, ZIP FT MYERS FL 33901

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

14 NAME ☐ Change ☐ Addition

15 STREET ADDRESS

16 CITY, ST, ZIP

17 NAME

18 STREET ADDRESS

19 CITY, ST, ZIP

20 NAME

21 STREET ADDRESS

22 CITY, ST, ZIP

23 NAME

24 STREET ADDRESS

25 CITY, ST, ZIP

26 NAME

27 STREET ADDRESS

28 CITY, ST, ZIP

29 NAME

30 STREET ADDRESS

31 CITY, ST, ZIP

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

35 NAME

36 STREET ADDRESS

37 CITY, ST, ZIP

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 199.07(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 owner or person 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:

Katherine S. O'Brien

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-95

(813) 278-1720