

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 MAY -1 PM 12: 04

DOCUMENT # P93000060044 (3)

1. Corporation Name
KDIETER, INC.

Principal Place of Business

10457 ROUTE 27-441
BELLEVUE FL 34420

Mailing Address

10457 ROUTE 27-441
BELLEVUE FL 34420

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/18/1993
3a. Date of Last Report 05/01/1994

2. Principal Place of Business

21 2253 CITRUS BLVD.

2a. Mailing Address

26 2253 CITRUS BLVD.

4. FEI Number
65-0432783

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

23 LEESBURG, FLORIDA

City & State

28 LEESBURG, FLORIDA

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

Zip

Country

Zip

Country

24 34748

25

29 34748

30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MICHAEL C. NORVELL P.A.
1410 EMERSON STREET
LEESBURG FL 34748

10. Name and Address of New Registered Agent

81 Name IRENE WISE
82 Street Address (P.O. Box Number is Not Acceptable) 2253 CITRUS BLVD.
83
84 City LEESBURG FL 85 Zip Code 34748

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, 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

Irene Wise

IRENE WISE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME WISE, IRENE
STREET ADDRESS 33308 MUL HOLLAND DR.
CITY - ST - ZIP FRUITLAND PARK FL 34731

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE S/T ☐ Change ☒ Addition
12 NAME MARY A DILLARD
13 STREET ADDRESS 2253 CITRUS BLVD.
14 CITY - ST - ZIP LEESBURG, FL 34748

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

REMITTED BY MAY 1

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:

Irene Wise

IRENE WISE

Pres

3/31/95

904-365-6004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayton (Type #)