

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000064041 (5)

1. Corporation Name
KIDTECH INC.



Principal Place of Business

% WILLIAM SCOTT FOSTER
909 MAR WALT DRIVE, SUITE 1014
FORT WALTON BEACH FL 32547

Mailing Address

% WILLIAM SCOTT FOSTER
909 MAR WALT DRIVE, SUITE 1014
FORT WALTON BEACH FL 32547

3. Date Incorporated or Qualified
07/07/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 625 Kathleen Ct
Suite, Apt. #, etc.

2a. Mailing Address

26 Same
Suite, Apt. #, etc.

4. FEI Number
59-3206036

Applied For
Not Applicable

22 City & State

23 Niceville FL

27 City & State

28

24 Zip

32578

25 Country

USA

29 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOSTER, WILLIAM S
909 MAR WALT DRIVE
SUITE 1014
FORT WALTON BEACH FL 32547

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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SMITH, RUTH R
STREET ADDRESS 625 KATHLEEN COURT
CITY-ST-ZIP NICEVILLE FL 32578 ☒ DELETE

1.1 TITLE D
1.2 NAME Richard Calano
1.3 STREET ADDRESS 625 Kathleen Ct
1.4 CITY-ST-ZIP Niceville FL 32578 ☒ Change ☐ Addition

TITLE D
NAME CALANO, CLAIRE E
STREET ADDRESS 625 KATHLEEN COURT
CITY-ST-ZIP NICEVILLE FL 32578 ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME MAYNARD, VICTOR K
STREET ADDRESS 625 KATHLEEN COURT
CITY-ST-ZIP NICEVILLE FL 32578 ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME MAYNARD, KENDALL C
STREET ADDRESS 625 KATHLEEN COURT
CITY-ST-ZIP NICEVILLE FL 32578 ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 119.07(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: Claire E. Calano CLAIRES E. CALANO 1 MAY 96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)