FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 24 AM 10:57

DOCUMENT # P93000068201 (1)

1. Corporation Name
KSM SALES PARTNERS, INC.

Principal Place of Business	Mailing Address
521 LIGHTNING TRAIL MAITLAND FL 32751	521 LIGHTNING TRAIL MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/24/1993	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 567 Osceola Ave	26 567 Osceola Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Winter Park, FL	City & State 28 Winter Park, FL
Zip 24 32789 County 25 USA	Zip 29 32789 County 30 USA

4. FEI Number 59-3209452 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MESSERVEY, JANET E 501 N MAGNOLIA AVE STE A ORLANDO FL 32801	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 _____ DATE
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	SUTHERLAND, WILLIAM G	12 NAME	
STREET ADDRESS	911 S. ROME AVE.	13 STREET ADDRESS	3301 BAY SHORE BLVD
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	TAMPA, FL.
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	MCREYNOLDS, DOUGLAS S	22 NAME	
STREET ADDRESS	521 LIGHTNING TRAIL	23 STREET ADDRESS	567 Osceola Ave
CITY-ST-ZIP	MAITLAND FL 32751	24 CITY-ST-ZIP	WINTER PARK, FL. 32789
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 119.07(3)(i), 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 of this report, or on an attachment with an address.

SIGNATURE: DOUGLAS S. MCREYNOLDS 7/19/95 (407) 679-7049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number

0042447 CP