

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

95 JAN 25 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000000845 (5)

1. Corporation Name

K P T N ENTERPRISES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1952
NEW PORT RICHEY FL 34656

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NEW PORT RICHEY FL 34656

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/27/1993

3a. Date of Last Report

04/05/1994

2. Principal Place of Business

2a. Mailing Address

21

25

4. FEI Number

59-3224707

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

29

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

10. Name and Address of New Registered Agent

WASHINGTON, CHARLES M
2451 ATWELL COURT
NEW PORT RICHEY FL 34655

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

WORDEN, HOWARD

STREET ADDRESS

P.O. BOX 1952 N/A

CITY - ST - ZIP

NEW PORT RICHEY FL 34656

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

14. I file 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)(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 receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

HOWARD WORDEN

(Signature and typed or printed name of signing officer or director)

1/18/95 8133728527

Date

Signature Number