

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000008370 (6)

1. Corporation Name

KRAZY KAMEL KORN OF KEY WEST INC.

Principal Place of Business

317 WILLIAM STREET
KEY WEST FL 33040

Mailing Address

317 WILLIAM STREET
KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/31/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

65-0462039

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 S. 199.032,
Florida Statutes

☐ Yes

☒ No

22

City & State

City & State

23

Zip

Country

24

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FUNDOK, DOROTHY V
317 WILLIAM STREET
KEY WEST FL 33040

81 Name

K. MICHAEL SYRING

82 Street Address (P.O. Box Number is Not Acceptable)

317 WILLIAM ST.

83

84 City

KEY WEST

FL

85 Zip Code

33040

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

K. Michael Syring

President

4/1/95

(Signature, typed or printed name of registered agent (and if applicable, date of appointment))

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	FUNDOK, DOROTHY V
STREET ADDRESS	317 WILLIAM ST. (DOWN)
CITY - ST - ZIP	KEY WEST FL 33040
TITLE	D
NAME	SYRINGK, MICHAEL
STREET ADDRESS	317 WILLIAM ST. (DOWN)
CITY - ST - ZIP	KEY WEST FL 33040
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	ELIMINATE
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	LESIE D. SYRING
3.3 STREET ADDRESS	317 WILLIAM ST
3.4 CITY - ST - ZIP	KEY WEST FL 33040
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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:

K. Michael Syring

4/1/95

205 296-3305

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

(Anytime Phone #)