

DOCUMENT # P94000010964			
1. Entity Name <div style="font-size: 18pt; margin-top: 10px;">K. S. JAROLL, CPA, INC.</div>			
Principal Place of Business		Mailing Address	
1857 WELLS RD SUITE 203 ORANGE PARK FL 32073		1857 WELLS RD SUITE 203 ORANGE PARK FL 32073-2340	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
JAROLL, KATHY S 1857 WELLS RD SUITE 203 ORANGE PARK FL 32073		Name	
		Street Address ()	
		City	
8. The above named entity submits this statement for the purpose of changing its registered office or registering agent:			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
OFFICERS AND DIRECTORS			
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP		12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	
P JAROLL, KATHY S. 1857 WELLS ROAD STE 203 ORANGE PARK FL		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.1 of the Florida Statutes, Chapter 607, which provides that a corporation may file a report as required by Chapter 607, if the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 has changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

704/535-5910
Daytime Phone #

CR2E034 (9/99)