

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

|                                               |                                                                                                                                                                                                   |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CORPORATION<br/>ANNUAL REPORT<br/>1995</b> | <br><b>FLORIDA DEPARTMENT OF STATE</b><br>Sandra B. Montemayor<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**APPROVED  
AND  
FILED**

95 APR 28 PM 1:52  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P94000024790 (5)**  
 1. Corporation Name  
**KATO SERVICES, INC.**

|                                                                                 |                                                                     |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Principal Place of Business<br><b>3505 SHARER ROAD<br/>TALLAHASSEE FL 32312</b> | Mailing Address<br><b>3505 SHARER ROAD<br/>TALLAHASSEE FL 32312</b> |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                           |                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br><b>03/31/1994</b>                                                                                                    | 3a. Date of Last Report               |
| 4. FEI Number<br><b>59-3233851</b>                                                                                                                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                 | <b>\$8.75 Additional Fee Required</b> |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                        | <b>\$5.00 May Be Added to Fees</b>    |
| 8. Does corporation have liability for indebtedness under § 100.01, Florida Statutes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. State, Apt. #, etc.        | 26. State, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. City & State               | 28. City & State        |
| 24. City & State               | 29. City & State        |
| 25. City & State               | 30. City & State        |

9. Name and Address of Current Registered Agent  
**FUSSELL, KATHERINE J  
3505 SHARER ROAD  
TALLAHASSEE FL 32312**

10. Name and Address of New Registered Agent  
 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|----------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| 1. TITLE                   | PD                   | 1. TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME                    | FUSSELL, KATHERINE J | 2. NAME                                               |                                                                   |
| 3. STREET ADDRESS          | 3505 SHARER ROAD     | 3. STREET ADDRESS                                     |                                                                   |
| 4. CITY & STATE            | TALLAHASSEE FL 32312 | 4. CITY & STATE                                       |                                                                   |
| 5. TITLE                   |                      | 5. TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME                    |                      | 6. NAME                                               |                                                                   |
| 7. STREET ADDRESS          |                      | 7. STREET ADDRESS                                     |                                                                   |
| 8. CITY & STATE            |                      | 8. CITY & STATE                                       |                                                                   |
| 9. TITLE                   |                      | 9. TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME                   |                      | 10. NAME                                              |                                                                   |
| 11. STREET ADDRESS         |                      | 11. STREET ADDRESS                                    |                                                                   |
| 12. CITY & STATE           |                      | 12. CITY & STATE                                      |                                                                   |
| 13. TITLE                  |                      | 13. TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME                   |                      | 14. NAME                                              |                                                                   |
| 15. STREET ADDRESS         |                      | 15. STREET ADDRESS                                    |                                                                   |
| 16. CITY & STATE           |                      | 16. CITY & STATE                                      |                                                                   |
| 17. TITLE                  |                      | 17. TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME                   |                      | 18. NAME                                              |                                                                   |
| 19. STREET ADDRESS         |                      | 19. STREET ADDRESS                                    |                                                                   |
| 20. CITY & STATE           |                      | 20. CITY & STATE                                      |                                                                   |

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for this exemption stated in Section 607.01(4)(b), Florida Statutes. I further certify that the information included in 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 this corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 or changed or is an appointment with an address.

SIGNATURE: *Katherine J. Fussell* KATHERINE J. FUSSELL 4-26-95 5:31-0750  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR