

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 JUN 20 AM 10:05

DOCUMENT # **P94000026506 (3)**

1. Corporation Name
KMT ASSOCIATES, INC.

Principal Place of Business Mailing Address
1235 EMERALDA ROAD ORLANDO FL 32808

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/04/1994** 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3233794	Applied For
21	26		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	7. This corporation has liability for franchise tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23	28		
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
EASTER, KEN C 1235 EMERALDA ROAD ORLANDO FL 32808		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: *Ken C. Easter* DATE: *5/10/95*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEN C. EASTER	12 NAME	
STREET ADDRESS	1235 EMERALDA RD.	13 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO, FL 32808	14 CITY, ST, ZIP	
TITLE	VICE PRESIDENT	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY L. EASTER	22 NAME	
STREET ADDRESS	1235 EMERALDA RD.	23 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO, FL 32808	24 CITY, ST, ZIP	
TITLE	VICE PRESIDENT	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMOTHY B. EASTER	32 NAME	
STREET ADDRESS	402 TRANQUILLE OAKS DR.	33 STREET ADDRESS	
CITY, ST, ZIP	OCFEE, FL 34761	34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ken C. Easter* DATE: _____