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

DOCUMENT # **P94000028232 (4)**

1. Corporation Name

KCMS - KRUSING CONSULTING AND MANAGEMENT SERVICE S, INC.

Principal Place of Business	Mailing Address
RT. 2 BOX 607 SUMMERLAND KEY FL 33042	RT. 2 BOX 607 SUMMERLAND KEY FL 33042

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/13/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 8333 Eagle Lake Dr.	26 8333 Eagle Lake Dr
Suite, Apt. #, etc 22 Sarasota	Suite, Apt. #, etc 27 Sarasota
City & State 23 FL	City & State 28 FL
Zip / Country 24 34241 / 25 Sarasota	Zip / Country 29 34241 / 30 Sarasota

4. FEI Number: 65-0490353 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MRUSING, MICHAEL 148 WAHOO LANE WEST SUGARLOAF KEY FL 33044	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 8333 Eagle Lake Dr 83 84 City: Sarasota FL 85 Zip Code: 34241

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 title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	KRUSING, MICHAEL	12 NAME	Krusing, Michael
STREET ADDRESS	RT 2 BOX 607	13 STREET ADDRESS	8333 Eagle Lake Dr
CITY ST ZIP	SUMMERLAND KEY FL 33042	14 CITY ST ZIP	Sarasota, FL 34241
TITLE	STD	21 TITLE	STD ☐ Change ☐ Addition
NAME	KRUSING, MARGO	22 NAME	Krusing, Margo
STREET ADDRESS	RT 2 BOX 607	23 STREET ADDRESS	8333 Eagle Lake Dr
CITY ST ZIP	SUMMERLAND KEY FL 33042	24 CITY ST ZIP	Sarasota, FL 34241
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ 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)(i), 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: Margo Krusing / Margo Krusing 5/7/95 813-927-8333
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Telephone Number)

0117053 CP