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PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P94000028432 (0)**

1. Corporation Name
KAY & BARB, INC.

Principal Place of Business	Mailing Address
1805 NE VAN LOOM DR CAPE CORAL FL 33909	1805 NE VAN LOON DR CAPE CORAL FL 33909 US

3. Date Incorporated or Qualified: **04/11/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21: 1210 NW 1 AVE
22: Suite, Apt. #, etc.
23: City & State: CAPE CORAL
24: Zip: 33909
25: Country: LEE

2a. Mailing Address
26: 1210 NW 1 AVE
27: Suite, Apt. #, etc.
28: City & State: CAPE CORAL
29: Zip: 33909
30: Country: LEE

4. FEI Number: **65-0486267** ☐ 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

WILSON, CAROLYN K
1805 NE VAN LOON DR
CAPE CORAL FL 33909

10. Name and Address of New Registered Agent

81 Name: BARBARA SCHNEIDER
82 Street Address (P.O. Box Number is Not Acceptable): 1210 NW 1 AVE
83 City: CAPE CORAL
84 FL 85 Zip Code: 33909

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: BARBARA Schneider, [signature] DATE: 4-16-96
Signature, Typed or printed name of registered agent and, if applicable, the capacity of position. NOTE: Registered Agent signature required where indicated.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHNEIDER, BARBARA 1210 NW 1 AVE CAPE CORAL FL 33909	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PSTD SCHNEIDER, BARBARA 1210 NW 1 AVE CAPE CORAL FL 33909	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~STD~~ ~~WILSON, CAROLYN K~~ ~~1805 NE VAN LOON DR~~ ~~CAPE CORAL FL~~	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	800001788148 -04/22/96--01022--016 ***200.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(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: Barbara Schneider [signature] 4-4-96 (914) 454-1150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #