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

APPROVED AND FILED
95 MAY -1 PM 7:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000034159 (1)**

1. Corporation Name
THE KORMANN GROUP, INC.

Principal Place of Business	Mailing Address
26460 RAMPART BLVD #213 PUNTA GORDA FL 33983	26460 RAMPART BLVD #213 PUNTA GORDA FL 33983

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/05/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21 4300 Kings Highway
22 Suite, Apt. #, etc. 216-B45
23 City & State: Port Charlotte, Fl
24 Zip: 33980 25 Country: Charlotte

2a. Mailing Address
26 4300 Kings Highway
27 Suite, Apt. #, etc. 216-B45
28 City & State: Port Charlotte, Fl
29 Zip: 33980 30 Country: Charlotte

4. FEI Number: 65-0488110 ☐ 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* XX ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KORMANN, ROBERT W
% THE KORMANN GROUP INC
26460 RAMPART BLVD #213
PUNTA GORDA FL 33983

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☒ Addition P/C
NAME	KORMANN, ROBERT W	12 NAME	
STREET ADDRESS	26460 RAMPART BLVD #213	13 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33983	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☒ Addition S/T
NAME	KORMANN, DEBORAH S	22 NAME	
STREET ADDRESS	26460 RAMPART BLVD #213	23 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33983	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition V
NAME		32 NAME	X Joan Maher
STREET ADDRESS		33 STREET ADDRESS	96 Tulane Rd Kenmore N Y
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☒ Addition V
NAME		42 NAME	X Daneile Kellams
STREET ADDRESS		43 STREET ADDRESS	15810 Briarcliff Rd Ft Myers Fl
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 above, or on an attachment with an address.

SIGNATURE: Robert W. Kormann 4/9/95 813624-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0483000 FP