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 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000049847 (4)**

1. Corporation Name
THE KIT-FOX CORPORATION

Principal Place of Business	Mailing Address
4502 S. GRADY AVE. TAMPA FL 33611	4502 S. GRADY AVE. TAMPA FL 33611

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/28/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3432 S. DALE Mabry Hwy	26 4502 S. GRADY AVE.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Tampa, FL	28 City & State: Tampa, FL
24 Zip: 33629 25 Country: USA	29 Zip: 33611 30 Country: USA

4. FEI Number: 59-3256975 ☐ 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
MURPHY, KENNETH 4502 S. GRADY AVE. TAMPA FL 33611	81 Name: ~~Kenneth~~ 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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	REILLY-MURPHY, KATHRYN A	1.2 NAME	
STREET ADDRESS	2402 S. GRADY AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33611	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	MURPHY, KENNETH	2.2 NAME	
STREET ADDRESS	4502 S. GRADY AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33611	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	BUCHAN, STEPHANIE	3.2 NAME	
STREET ADDRESS	2760 E. FOWLER AVE., SUITE 130	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33612	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	COLLINS, CHARLES	4.2 NAME	
STREET ADDRESS	854 118TH TERRACE NORTH, BLDG. 16, #4	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	PREUETT, ALFRED J	5.2 NAME	
STREET ADDRESS	2760 E. FOWLER AVE., SUITE 130	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33612	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	PIANA, PATRICIA D	6.2 NAME	
STREET ADDRESS	1646 S. GREENWOOD AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34616	6.4 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)(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: _____ Kenneth Murphy 4/28/95 (813)831-9429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0296971 CP