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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000061871 (7)

1. Corporation Name
KRO, INC.



Principal Place of Business
2182 DIXIE GARDEN LOOP
HOLIDAY FL 34690

Mailing Address
2182 DIXIE GARDEN LOOP
HOLIDAY FL 34690-4409

NEW ADDRESS
↓

3. Date Incorporated or Qualified 08/23/1994
3a. Date of Last Report 03/20/1996

2. Principal Place of Business
21 15723 Scrimshaw Drive
Suite, Apt. #, etc.

2a. Mailing Address
26 15723 Scrimshaw Drive
Suite, Apt. #, etc.

4. FEI Number 59-3267818
Applied For
Not Applicable

22 City & State
23 Tampa, FL
Zip Country
24 33624-1570 25 USA

27 City & State
28 Tampa, FL
Zip Country
29 33624-1570 30 USA

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

OVARLET, KENNETH R
2182 DIXIE GARDEN LOOP
HOLIDAY FL 34690

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
15723 Scrimshaw Drive
83
84 City Tampa FL 85 Zip Code 33624-1570

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
TITLE DP
NAME OVARLET, KENNETH R
STREET ADDRESS 2182 DIXIE GARDEN LOOP
CITY-ST-ZIP HOLIDAY FL 34690
[DELETE]
[DELETE]
[DELETE]
[DELETE]
[DELETE]
[DELETE]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 supplement 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: [Signature] 1/29/97 813-264443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)