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 JUN 19 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/20/95--01108--007
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000063937 (4)

1. Corporation Name
KRC CONNECTIONS, INC.

Principal Place of Business
1632-92 EAGLES LANDING BLVD
TALLAHASSEE FL 32308

Mailing Address
PO BOX 12848
TALLAHASSEE FL 32317-2848

3. Date Incorporated or Qualified: 08/30/1994
3a. Date of Last Report:

21 2. Principal Place of Business: 3412 WELWYN WAY
26 2a. Mailing Address: P.O. BOX 12848
4. FEI Number: 59-3258628 — Applied For / Not Applicable

22 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

23 City & State: TALLAHASSEE FLORIDA
28 City & State: JANE
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

24 Zip: 32308 25 Country: LEON
29 Zip: JANE 30 Country: LEON
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
PIUS, DAVID G
2460 LANRELL DRIVE
TALLAHASSEE FL 32303-3466

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☑ Change ☐ Addition
NAME	KRONMILLER, ROBERET H	1.2 NAME	KRONMILLER, ROBERT H.
STREET ADDRESS	~~3200-D TANAGER CT~~	1.3 STREET ADDRESS	3412 WELWYN WAY
CITY ST ZIP	TALLAHASSEE FL 32308	1.4 CITY ST ZIP	Tallahassee FL 32308
TITLE	D	2.1 TITLE	☑ Change ☐ Addition
NAME	RICE, KATHRYN C	2.2 NAME	
STREET ADDRESS	~~1632-92 EAGLES LANDING BLVD~~	2.3 STREET ADDRESS	3412 WELWYN WAY
CITY ST ZIP	TALLAHASSEE FL 32308	2.4 CITY ST ZIP	Tallahassee FL 32308
TITLE	D	3.1 TITLE	☑ Change ☐ Addition
NAME	~~CONRAD, MICHAEL F~~	3.2 NAME	OFFICER RESIGNED
STREET ADDRESS	~~641 FULTON RD APT 94~~	3.3 STREET ADDRESS	
CITY ST ZIP	~~TALLAHASSEE FL 32312~~	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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: Robert H. Kronmiller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6-1995 Telephone Number:

0020165 CP