

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000063962 (2)**

1. Corporation Name

KVC CONSULTING, INC.



Principal Place of Business

Mailing Address

**13014 N DALE MABRY HWY
SUITE 516
TAMPA FL 33618**

**13014 N DALE MABRY HWY
SUITE 516
TAMPA FL 33618**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/26/1994

3a. Date of Last Report

10/20/1995

4. FEI Number

59-3261676

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

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

**WATKINS, CARL T
7345 JACKSON SPRINGS RD
#3
TAMPA FL 33634**

11. Pursuant to the provisions of Sections 607.0607 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 607.0606, Florida Statutes.

SIGNATURE

Signature of the Registered Agent

Signature of the Secretary or Treasurer

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D VENDL, AIMEE L**
STREET ADDRESS **10131 VIXEN PL**
CITY-STATE-ZIP **PENSACOLA FL 32514**

TITLE ☐ DELETE
NAME **D KENNEDY, MICHAEL J**
STREET ADDRESS **4613 OLD SAYBROOK AVE**
CITY-STATE-ZIP **TAMPA FL 33624**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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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:

MICHAEL J. KENNEDY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96 813/264-6181
DATE PREPARED

CR2E034 (12/95)