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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani of State

	1996	<b>7</b> 1/	ry of State CORPORATIONS		
DOCUN 1. Corporation	MENT # <b>P9400</b> (	0065724 (4)	)		
KATYD	IDS AND ALLEYCATS, INC.			a nadanda nad panin Kadal dalah dalah	Date Balle Brit. Brit. Brit. 1886 b. 1886 Beit. 1881
Principal Place of Business Mailing Address				i idlitali, iik idin kibn kibn diin	Mitte adura Aurkt Mitte tabel tiber abbt Jahr
11018-121 OLD ST. AUGUSTINE ROAD 11018-121 OLD ST.					
JACKSONVIL	LE FL 32257	JACKSONVILLE FL 322	57		
				3. Date Incorporated or Qualified 09/07/1994	3a. Date of Last Report 06/16/1995
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3273467	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		City & State		.	Fee Required
City & State		28		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Z(p	Country	8. This corporation has liability for i	
24	25	29	30	Florida Statutes	No
	<ol><li>Name and Address of Current</li></ol>	Registered Agent		10. Name and Address of New R	egistered Agent
			81 Name		
SLATE, REBECCA L 82 Street A			82 Street Addr	ddress (P.O. Box Number is Not Acceptable)	
	ATTRILL ROAD		83	A	
JACKSU	NVILLE FL 32258				
			84 City		FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above named corpor	ration submits this statement for the pur rd of directors. I hereby accept the appo	
or registere familiar wit	ed agent, or both, in the State of Flord h, and accept the obligations of, Section	a. Such change was authorize on 60 <u>7,</u> 0505, Florida Statutes.	of by the corporation's boa	rd of directors. I hereby accept the appo	pintment as registered agent. I am
SIGNATURE.	Bellecca X	. Slate			4/78/96
	Signal de Epperior proses canador e provincia que a OFFICERS ANI		<ol> <li>Registered Atrica signal increasing</li> </ol>	d where strong  ADDITIONS/CHANGES TO OFF	DATE DIRECTORS IN 12
12.	PTD OFFICE.NS AND	DELETE	13.	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	SLATE, REBECCA L		1.2 NAME		
STREET ADDRESS	12770 ATTRILL ROAD		1.3 STREET ADDRESS		
CITY - ST- 7/P	JACKSONVILLE FL 32258		14 CHY ST-ZIP		
11TLE	SD	<b>∑</b> OELETE	2 1 Tafle		Change Addition
NAME	LINDSEY, CHARLES R	DOID.	2.2 NAME		
STREET ADDRESS	989 CLYDE HIGGINBOTHAM YULEE FL 32097	HOAD	2.3 STREET ADDRESS .		
CITY ST-ZIP TITLE	VD	DELETE	2.4 CHY+S1+ZiP 3.4 TITLE		Change Addition
NAME	LINDSEY, REBECCA S	<u>C.</u>	3.2 NAME		
STREET ADDRESS	989 CLYDE HIGGINBOTHAM	ROAD	3.3 STREET ADDRESS		
City-St-ZiP	YULEE FL 32097		3.4 CHT+ ST-ZIP		
TITLE		□ DELETE	4 1 THTLE		Change Addition
NAMÉ			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY ST-ZIP 5.1 TITLE		Change Addition
NAME		<b>.</b>	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 C(1) y - S1 - Z(F	andres Admin and A 10 and A 100 MAY 17 For The Total Conference of the Conference of	
TITLE		☐ DELETE	6 1 TITLE		Change 🗀 Addition
NAME			6.2 NAME		

14. To be nevely 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 final the information indicated on this annual report of suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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:

SIGNATURE:

Depart Florida Statutes | Statut

6.3 STREET ADDRESS

6.4 City - St - ZiP

STREET ADDRESS

CITY - ST - ZIP