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 MAR -7 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000068661 (5)

1. Corporate Name
KAB LTD., INC.

Principal Place of Business
267 AIRPORT RD S.
NAPLES FL 33942

Mailing Address
267 AIRPORT RD S.
NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/15/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
State, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 65-0507002
Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Political Campaign Election 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

BROOKE, DONALD J
~~140 SEAVIEW CT.~~ 1143 WHITE HART COURT
~~UNIT 502 SOUTH~~
MARCO ISLAND FL 33937

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 607.1608, 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: Registered Agent's signature required if registered agent is not an officer or director — DATE

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	Donald J. Brooke
STREET ADDRESS	1143 White Hart Court
CITY, ST, ZIP	Marco Island FL 33937
TITLE	Vice Pres. Construction
NAME	James D. Allen
STREET ADDRESS	267 Airport Rd. South
CITY, ST, ZIP	Naples FL 33942
TITLE	Vice Pres. Design
NAME	John W. Kemper, Jr.
STREET ADDRESS	182 Main St.
CITY, ST, ZIP	Unionville CT 06085
TITLE	Secretary + Treasurer
NAME	Lynn Purcell
STREET ADDRESS	1314 Town Colony Dr.
CITY, ST, ZIP	Middletown CT 06457
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information indicated on this report or supplemental report is true and complete and that my signature shall have the same legal effect as if made under oath; that I am a director or officer of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of the report or is attached with an officer title.

SIGNATURE: Lynn Purcell — LYNN PURCELL SEC/TREAS — 3/2/95 (203) 651-7281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0320100 CP