

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000074637 (7)**

1. Corporation Name

**KAPPA ALPHA CORPORATION**

Principal Place of Business

Mailing Address

300 E. PARK AVENUE  
TALLAHASSEE FL 32301

300 E. PARK AVENUE  
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report

10/11/1994

4. FEI Number Applied For  
59-3271811 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

6. This corporation has liability for intangible tax under S. 193.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 3382 NE CAPITAL CIRCLE

26 3382 NE CAPITAL CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 TALLAHASSEE FLORIDA

27 TALLAHASSEE FLORIDA

Zip

Country

Zip

Country

24 32308

25 LEON

29 32308

30 LEON

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIFFORD, JANET L  
300 E. PARK AVENUE  
TALLAHASSEE FL 32301

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 the filer/signer

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MURRAY, E. EDWARD JR.
STREET ADDRESS	2027 E. FOREST DRIVE
CITY- ST- ZIP	TALLAHASSEE FL 32303
TITLE	VD
NAME	BUTLER, WILLIAM F
STREET ADDRESS	822 N. MONROE STREET
CITY- ST- ZIP	TALLAHASSEE FL 32303
TITLE	D
NAME	HARRELL, MICHAEL
STREET ADDRESS	P.O. BOX 1510 N/A
CITY- ST- ZIP	BAINBRIDGE GA 21717
TITLE	D
NAME	BOUTIN, N. RICHARD JR.
STREET ADDRESS	822 N. MONROE STREET
CITY- ST- ZIP	TALLAHASSEE FL 32303
TITLE	D
NAME	BATEMAN, FREDERICK L JR.
STREET ADDRESS	300 E. PARK AVENUE
CITY- ST- ZIP	TALLAHASSEE FL 32301
TITLE	STD
NAME	CLEMMENTS, M.R. JR.
STREET ADDRESS	1440 COVEY DRIVE
CITY- ST- ZIP	TALLAHASSEE FL 32312

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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 prosecute 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 amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
E. EDWARD MURRAY, PRESIDENT

904-224-2300