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 MAY -1 PM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000075152 (6)**

1. Corporation Name

KONTRACTOR'S PREP CORPORATION

Principal Place of Business	Mailing Address
4331-6 ATOLL CT GOLDEN GATE FL 33999	4331-6 ATOLL CT GOLDEN GATE FL 33999

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/13/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2663 AIRPORT ROAD SOUTH	26 2663 AIRPORT ROAD SOUTH
Suite, Apt. #, etc. 22 SUITE D-107	Suite, Apt. #, etc. 27 SUITE D-107
City & State 23 NAPLES, FL	City & State 28 NAPLES
Zip 24 33962 Country 25 USA	Zip 29 33962 Country 30 USA

4. FEI Number: 65-0527048 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MUTH, GARRY 4331-6 ATOLL CT GOLDEN GATE FL 33999	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 2940 WEST CROWN POINTE BLVD 83 84 City: NAPLES FL 85 Zip Code: 33942

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: Garry Muth GARRY MUTH 4/26/95
(Signature of Registered Agent) (Typed or printed name of registered agent and title if applicable) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT / CHAIRMAN OF BOARD / DIRECTOR	11 TITLE	☐ Change ☐ Addition
NAME	WILLIAM R ZALLA	12 NAME	
STREET ADDRESS	2941 E VINA DEL MAR	13 STREET ADDRESS	
CITY ST ZIP	ST PETERSBURG BEACH, FL 33706	14 CITY ST ZIP	
TITLE	V.P., SECRETARY, TREASURER / DIRECTOR	21 TITLE	☐ Change ☐ Addition
NAME	GARRY MUTH	22 NAME	
STREET ADDRESS	2940 W. CROWN POINTE BLVD	23 STREET ADDRESS	
CITY ST ZIP	NAPLES, FL 33942	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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 119.07(3)(i), 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 above/on an attachment with an address.

SIGNATURE: Garry Muth GARRY MUTH 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #