

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**

55 MAY -1 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000076013 (9)

1. Corporation Name
KILL ZONE, INC.

Principal Office of Corporation: **2432 CAPTAIN HOOK DRIVE JACKSONVILLE FL 32224**
Mailing Address: **2432 CAPTAIN HOOK DRIVE JACKSONVILLE FL 32224**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 10/17/1994	3a. Date of Last Report
4. Filing Number 59-328/390	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. 199.034, Florida Statutes. ☒ Yes ☐ No	

2. Foreign Office of Corporation	2a. Mailing Address
21. State, Apt. # etc.	26. State, Apt. # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**BUSCHMAN, ALBERT E JR
2215 SOUTH THIRD STREET
SUITE 101
JACKSONVILLE BEACH FL 32250**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.1500 and 607.1505, Florida Statutes, the above named corporation certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Each change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the obligations of Section 607.030, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	D BECKERLEG, WILLIAM H III	1. NAME	☐ Change ☐ Addition
STREET ADDRESS	2432 CAPTAIN HOOK DRIVE	2. NAME	☐ Change ☐ Addition
CITY & STATE	JACKSONVILLE FL 32224	3. NAME	☐ Change ☐ Addition
NAME		4. NAME	☐ Change ☐ Addition
STREET ADDRESS		5. NAME	☐ Change ☐ Addition
CITY & STATE		6. NAME	☐ Change ☐ Addition
NAME		7. NAME	☐ Change ☐ Addition
STREET ADDRESS		8. NAME	☐ Change ☐ Addition
CITY & STATE		9. NAME	☐ Change ☐ Addition
NAME		10. NAME	☐ Change ☐ Addition
STREET ADDRESS		11. NAME	☐ Change ☐ Addition
CITY & STATE		12. NAME	☐ Change ☐ Addition
NAME		13. NAME	☐ Change ☐ Addition
STREET ADDRESS		14. NAME	☐ Change ☐ Addition
CITY & STATE		15. NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.034, Florida Statutes. I further certify that the information included 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 registered office of the corporation and that my signature is required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of the foregoing or on an attachment with an address.

SIGNATURE: *William H Beckerleg III*
WILLIAM H BECKERLEG III
430-95 90438-6023