

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

CORPORATION
ANNUAL REPORT
1995



OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA
32399-0001

APPROVED
AND
FILED

95 MAY -1 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000080360 (8)

1. Corporation Name

KC COMPANIES, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/02/1994	3b. Date of Last Report
4. FID Number 05-0558639	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 § 199.032 Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2b. Mailing Address
21. State of Inc. FL	26. State of Inc. FL
22. City & State	27. City & State
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**HACKNEY, ROBERT C
11891 US HWY ONE
NORTH PALM BEACH FL 33408**

10. Name and Address of New Registered Agent

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

11. I, the undersigned, hereby certify that I am a resident of the State of Florida and that I am qualified to act as a registered agent for the corporation named herein. I hereby accept the appointment as registered agent for the corporation named herein and I agree to be bound by the provisions of Chapter 199, Florida Statutes, and to comply with the provisions of Chapter 199, Florida Statutes, and to comply with the provisions of Chapter 199, Florida Statutes.

Signature

12. (If Corporation is a Limited Liability Company, check this box)	13. ADDITIONAL OFFICERS AND DIRECTORS (If any)
NAME D KEENAN, JAMES J	NAME ☐ Change ☐ Addition
ADDRESS 2871 N OCEAN BLVD SUITE D-516	ADDRESS ☐ Change ☐ Addition
CITY BOCA RATON FL 33431	CITY ☐ Change ☐ Addition
NAME	NAME ☐ Change ☐ Addition
ADDRESS	ADDRESS ☐ Change ☐ Addition
CITY	CITY ☐ Change ☐ Addition
NAME	NAME ☐ Change ☐ Addition
ADDRESS	ADDRESS ☐ Change ☐ Addition
CITY	CITY ☐ Change ☐ Addition
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ADDRESS	ADDRESS ☐ Change ☐ Addition
CITY	CITY ☐ Change ☐ Addition
NAME	NAME ☐ Change ☐ Addition
ADDRESS	ADDRESS ☐ Change ☐ Addition
CITY	CITY ☐ Change ☐ Addition

14. I, the undersigned, hereby certify that the information supplied with this report is a true and correct statement of the facts and circumstances as they exist and that I am qualified to act as a registered agent for the corporation named herein. I hereby accept the appointment as registered agent for the corporation named herein and I agree to be bound by the provisions of Chapter 199, Florida Statutes, and to comply with the provisions of Chapter 199, Florida Statutes, and to comply with the provisions of Chapter 199, Florida Statutes.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/95 407-362-7449
Date Registered Agent