FILE NOW: FILING FEE AFTER MAY 1 IS $2[illegible]

PROFIT CORPORATION ~~ANNUAL~~ REPORT
1996

FLORIDA DEPARTME[illegible]TE
Sandra B. M[illegible]
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000000568 (2)

1. Corporation Name

KPS, INC.

Principal Place of Business	Mailing Address
2304 W MAIN STREET LEESBURG FL 34748	2304 W MAIN STREET LEESBURG FL 34748

3. Date Incorporated or Qualified: 01/03/1995
3a. Date of Last Report:

4. FEI Number: 394-24-9871 ☐ 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

2. Principal Place of Business
21: 2304-A-W MAINS
Suite, Apt. #, etc.
22:
City & State
23: LEESBURG
Zip 24: 34748 Country 25: LAKE

2a. Mailing Address
26: 2304-A-W MAIN ST
Suite, Apt. #, etc.
27:
City & State
28: LEESBURG
Zip 29: 34748 Country 30: LAKE

9. Name and Address of Current Registered Agent

SENTNER, KEVIN A
1000 W MAIN STREET
LEESBURG FL 34748

10. Name and Address of New Registered Agent

81 Name: SENTNER KEVIN A
82 Street Address (P.O. Box Number is Not Acceptable): 1000 W MAIN ST
83 LEESBURG
84 City: LEESBURG **FL** 85 Zip Code: 34748

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: FRANK PILGER — Frank Pilger (Pres) — 3-22-96
Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS

TITLE	SHARE HOLDER	☐ DELETE
NAME	KEITH A PILGER	
STREET ADDRESS	N15206 23 AVE	
CITY-ST-ZIP	NEKOOSA WIS 54457	
TITLE	SHARE HOLDER	☐ DELETE
NAME	PAMELA ASHENBRENER	
STREET ADDRESS	6320 CURVE ST	
CITY-ST-ZIP	WIS RAPIDS WIS 54494	
TITLE	SCOTT A PILGER / SHARE HOLDER	☐ DELETE
NAME		
STREET ADDRESS	11784 79 AV NORTH	
CITY-ST-ZIP	SEMINOLE FL 34642	
TITLE	OFFICER + DIRECTOR	☐ DELETE
NAME	FRANK PILGER	
STREET ADDRESS	2304-A-W MAIN ST	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS	$ Deposited by Bank 200 — 32 — 4.20	
6.4 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)(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 execute 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 attachment with an address.

SIGNATURE: Frank Pilger (Pres) — 1-20-96 — 904-728-5506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

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