

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000009759 (8)

1. Corporation Name  
KISSIT CORPORATION



Principal Place of Business  
320 AVENUE A  
FORT PIERCE FL 34950  
US

Mailing Address  
320 AVENUE A  
FORT PIERCE FL 34950-4417  
US

3. Date Incorporated or Qualified  
02/06/1995

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business  
21 1102 South 8th St.  
Suite, Apt. #, etc.  
22  
City & State  
23 Fort Pierce, FL  
Zip  
24 34950  
Country  
25 USA

2a. Mailing Address  
26 1102 South 8th St.  
Suite, Apt. #, etc.  
27  
City & State  
28 Fort Pierce, FL  
Zip  
29 34950  
Country  
30 USA

4. FEI Number  
65-0553581

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  
WALKER, RANDALL L  
320 AVE. A  
FT. PIERCE FL 34946

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
1102 South 8th Street  
83  
84 City  
Fort Pierce  
FL  
85 Zip Code  
34950

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 title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, RANDALL L	1.2 NAME	
STREET ADDRESS	320 AVE. A	1.3 STREET ADDRESS	1102 South 8th Street
CITY-ST-ZIP	FORT PIERCE FL	1.4 CITY-ST-ZIP	Fort Pierce, FL 34950
TITLE	DVST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERALD, DEBORAH N	2.2 NAME	
STREET ADDRESS	4900 BRENT KNOLL AVE	2.3 STREET ADDRESS	4900 Brent Knoll Lane
CITY-ST-ZIP	SUWANNEE GA	2.4 CITY-ST-ZIP	Suwanee, GA 30024
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

SIGNATURE: Deborah N. Herald (Deborah N. Herald) 4-21-97 781-4491

CR2E034 (9/96)