FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000024408 (3)**

1. Corporation Name
KAPPY KING COLE, INC.

Principal Place of Business
12721 MCGREGOR BLVD.
FORT MYERS FL 33919

Mailing Address
12721 MCGREGOR BLVD.
FORT MYERS FL 33919

3. Date Incorporated or Qualified **03/27/1995**

3a. Date of Last Report

2. Principal Place of Business
21

Street Apt. #, etc.
22

City & State
23

Zip 24 Country 25

2a. Mailing Address
26

Street Apt. #, etc.
27

City & State
28

Zip 29 Country 30

4. FEI Number **EIN 65-0572385** ☐ 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

COLE, MARY K
12721 MCGREGOR BLVD.
FORT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.1502, 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 (Typed or printed name of registered agent) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	**PD** **COLE, MARY K** **4835 PINE ISLAND ROAD** **MATLACHA FL 33909**	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**STD** **KEOHANE, CARRIE L** **1308 BRADFORD ROAD** **FORT MYERS FL 33901**	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**VD** **CANTIENY, CHARLES B** **1214 SOUTHWEST 9TH COURT** **CAPE CORAL FL 33991**	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE 1 NAME 1 STREET ADDRESS 1 CITY-ST-ZIP		☐ Change ☐ Addition
2 TITLE 2 NAME 2 STREET ADDRESS 2 CITY-ST-ZIP		☐ Change ☐ Addition
3 TITLE 3 NAME 3 STREET ADDRESS 3 CITY-ST-ZIP	600001714216 -02/14/96--01007--005 ***200.00	☐ Change ☐ Addition
4 TITLE 4 NAME 4 STREET ADDRESS 4 CITY-ST-ZIP		☐ Change ☐ Addition
5 TITLE 5 NAME 5 STREET ADDRESS 5 CITY-ST-ZIP		☐ Change ☐ Addition
6 TITLE 6 NAME 6 STREET ADDRESS 6 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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 if changed, or on an attachment with an address.

SIGNATURE: _____ 1-16-96 8134816113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #