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Apr 03 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 # P95000024456 (2)

1. Corporation Name
KSK & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

P.O. BOX 17848
TAMPA FL 33682

P.O. BOX 17848
TAMPA FL 33682-7848

3. Date Incorporated or Qualified
03/24/1995

3a. Date of Last Report
03/25/1996

2. Principal Place of Business

2a. Mailing Address

21 3009 LEILA ESTEVE DR
Suite, Apt. #, etc.

26 3009 LEILA ESTEVE DR
Suite, Apt. #, etc.

22 City & State

23 PLANT CITY FL

24 33565 Country

25 HAWAII

26 33565 Country

27 HAWAII

28 33565 Country

29 HAWAII

30 HAWAII

4. FEI Number
59-3305985

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

KOZAK, KEVIN S.
1750 CASTLE ROCK ROAD
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name

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

83 3009 LEILA ESTEVE DR

84

85 City PLANT CITY

FL

86 Zip Code 33565

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. If agent for principal, print name of registered agent and file if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME KOZAK, KEVIN
STREET ADDRESS P.O. BOX 17848
CITY-ST-ZIP TAMPA FL 33682

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
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 KEVIN KOZAK
1.3 STREET ADDRESS 3009 LEILA ESTEVE DR
1.4 CITY-ST-ZIP PLANT CITY FL 33565

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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/97

813-717-9044

Date

Daytime Phone #

0370820

CR2E034 (9/96)