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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000025717

KOCH ENTERPRISES OF SARASOTA, INC.

Principal Place of Business

Mailing Address

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90118 026 ***150.00



2959 FRUITVILLE ROAD SARASOTA FL 34237		2959 FRUITVILLE ROAD SARASOTA FL 34237			3. Date Incorporated or Qualifed	,		
					04/01/1995			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
1	·	26			65-0570535		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	• -	5 Additional	
2		27					Required	
City & State	Э	City & State			6. Election Campaign Financing		00 May Be	
3		28	County		Trust Fund Contribution		ed to Fees	
Zip Country		Zip	¬ '		This corporation owes the current year Interpretation Personal Property Tax.	angible Yes	□No	
4	25 9. Name and Address of Curren		30]		10. Name and Address of New Registered			
	9. Name and Address of Curren	it vadiateten vaeut	8	1 Nam				
KOC	H, WILLIAM S		L.					
	FRUITVILLE ROAD		8:	2 Stree	et Address (P.O. Box Number is Not Acceptable)			
	ASOTA FL 34237		8:	3				
				1				
			8.	4 City	FL	85 Z	ip Code	
44 Durayant	to the provisions of Costions 607.060	12 and 607 1508 Florida Statute	s the abo	ve-name	ed corporation submits this statement for the purpose of	_ll_ changing	its registered	
office or re	enictored eacht or both in the State	of Florida, Such change was at	Itnorized b	v tne coi	rporation's board of directors. I hereby accept the appoin	ntment as	registered	
agent, I ar	m familiar with, and accept the obliga		ige Statute	s.	61-	24	-69	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if groupleship (NOTE:	Régistered Ag	ent signatur	re required when reinstating) DATE	<i>a-1</i>		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIREC	TORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE			Chang	ge 🔲 Addition	
NAME	KOCH, WILLIAM S DVM		1.2 NAME					
STREET ADDRESS	2959 FRUITVILLE RD.		1.3 STRE	ET ADDRES	58			
CITY-ST-ZIP	D.D. COTA 51 04007		1.4 CITY-	ST-ZiP				
TITLE	ST	DELETE	2.1 TITLE			Chang	ge 🔲 Addition	
NAME I	KOCH, JOANN T		2.2 NAME		-			
STREET ADDRESS			2.3 STRE	ET ADDRES	ss		ļ	
CITY-ST-ZIP	SARASOTA FL 34237			ST-ZIP				
TITLE."			3.1 TITLE	me .		Chang	ge 🔝 🗖 Addition	
NAME			3.2 NAME	<u>:</u>			j	
STREET ADDRESS			3.3 STRE	ET ADDRES	ss			
CITY-ST-ZIP			3.4. CITY	-ST-ZIP				
TITLE		DELETE	4,1 TTLE			Chang	ge Addition	
NAME			4. 2 NAM	E				
STREET ADDRESS			4.3 STRE	ET ADDRES	es.			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Chang	ge Addition	
NAME			5.2 NAME	į				
STREET ADDRESS			5.3 STRE	ET ADDRES	ss			
CITY-ST-ZIP			5.4 CNY-		<u> </u>			
TITLE		☐ DELETE	6.1 TITLE			Chang	ge 🔲 Addition	
NAME			6.2 NAME	1				
STREET ADDRESS	•		6.3 STRE	ET ADDRES	ss	•		
CITY-ST-ZIP			6.4 CITY	ST-ZIP				

14. I 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, with all other like empowered.

SIGNATURE:

W Elland R. S. F.

41-241-99