

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 # P95000036329 (7)

1. Corporation Name

KLAAS KEEWAYDIN, INC.



Principal Place of Business

4380 GULF SHORE BOULEVARD NORTH STE 808
NAPLES FL 33940

Mailing Address

4380 GULF SHORE BOULEVARD NORTH STE 808
NAPLES FL 33940

3. Date Incorporated or Qualified
05/02/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

4. FEI Number
65-0588253

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

10. Name and Address of New Registered Agent

PICKWORTH, DONALD A
5811 PELICAN BAY BOULEVARD SUITE 210
NAPLES FL 33963

81 Name

BRIAN J. KLAAS

82

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

4380 GULF SHORE BLVD. N. STE 808

83

84

City

NAPLES

FL

85

Zip Code

33940

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 conditions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person who is registered agent and title, if applicable

BRIAN J. KLAAS

(NOTE: Registered Agent signature required when reinstating)

1/18/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
KLAAS, RICHARD L
STREET ADDRESS
4380 GULF SHORE BLVD. NORTH
CITY - ST - ZIP
NAPLES FL 33940

TITLE ☐ DELETE

NAME
KLAAS, RALPH B
STREET ADDRESS
4380 GULF SHORE BLVD. NORTH
CITY - ST - ZIP
NAPLES FL 33940

TITLE ☐ DELETE

NAME
KLAAS, BRIAN J
STREET ADDRESS
4380 GULF SHORE BLVD. NORTH
CITY - ST - ZIP
NAPLES FL 33940

TITLE ☐ DELETE

NAME
KEPLEY, DIANNE
STREET ADDRESS
244 Springline Dr.
CITY - ST - ZIP
NAPLES, FL 33940

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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:

BRIAN J. KLAAS, President

1/18/96

941-434-0002

CR2E034 (12/95)