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Mar 14 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 # P95000036744 (7)

1. Corporation Name

KATHCAR & ASSOCIATES, INC.

Principal Place of Business

3631 NW 9TH TERRACE
CAPE CORAL FL 33908

Mailing Address

3631 NW 9TH TERRACE
CAPE CORAL FL 33993-9325

3. Date Incorporated or Qualified
05/08/1995

3a. Date of Last Report
04/24/1996

2. Principal Place of Business
21 6029 BAYVIEW DRIVE

Suite, Apt. #, etc.

22 City & State

23 FORT LAUDERDALE, FL

Zip

24 33308

Country
25 USA

2a. Mailing Address
26 6029 BAYVIEW DRIVE

Suite, Apt. #, etc.

27 City & State

28 FORT LAUDERDALE, FL

Zip

29 33308

Country
30 USA

4. FEI Number
65-0582042

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

WINFIELD, ARLINE
3631 NW 9TH TERRACE
CAPE CORAL FL 33908

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 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME WINFIELD, ARLINE
STREET ADDRESS 3631 NW 9TH TERRACE
CITY-ST-ZIP CAPE CORAL FL 33908

TITLE D ☐ DELETE

NAME RAINWATER, JOHN
STREET ADDRESS 3631 NW 9TH TERRACE
CITY-ST-ZIP CAPE CORAL FL 33908

TITLE V ☐ DELETE

NAME WINFIELD, CAROLYN
STREET ADDRESS 15210 AMBERLY DRIVE APT. 1032
CITY-ST-ZIP TAMPA FL 33647

TITLE ST ☐ DELETE

NAME WINFIELD, KATHLEEN
STREET ADDRESS 11450 NW 43RD AVENUE
CITY-ST-ZIP CORAL SPRINGS FL 33065

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 ☐ 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:

Arline Winfield Pres.

13-10-97 9-4-771-

CR2E034 (9/96)