

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 # P95000072426 (6)

1. Corporation Name

KC TECHNOLOGY, INC.



Principal Place of Business

Mailing Address

454 CORBIN GAINERY RD.
DEFUNIAK SPRINGS FL 32433

454 CORBIN GAINERY RD.
DEFUNIAK SPRINGS FL 32433

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

COCHRAN, KENT A
454 CORBIN GAINERY RD.
DEFUNIAK SPRINGS FL 32433

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

09/13/1995

3a. Date of Last Report

4. FEI Number

59-3338581

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 ☒

10. Name and Address of New Registered Agent

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

Kent Cochran

Kent COCHRAN

14 JAN 96

DATE

12. OFFICERS AND DIRECTORS

TITLE D, P, S + T
NAME COCHRAN, KENT A
STREET ADDRESS 454 CORBIN GAINERY RD.
CITY - ST - ZIP DEFUNIAK SPRINGS FL 32433

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice Pres. Dist
1.2 NAME COCHRAN, KEVIN D
1.3 STREET ADDRESS 701 Oaklawn St, Apt #1
1.4 CITY - ST - ZIP Ft. Walton Beach, FL 32541

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS

300001767513

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***200.00

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:

Kent Cochran

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31 MAR 96

DATE

904-892-4420

Daytime Phone #

CR2E034 (12/95)