**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 # **P95000080130 (4)**

1. Corporation Name

**KPM HOLDINGS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O HARVEY J. SPINOWITZ<br>1455 COURT ST<br>CLEARWATER FL 34616 | C/O HARVEY J. SPINOWITZ<br>1455 COURT ST<br>CLEARWATER FL 34616 |

3. Date Incorporated or Qualified: 10/16/1995
3a. Date of Last Report: N/A
4. FEI Number: 59-3349584 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ NO — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution NO — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 1756 ARABIAN LANE | 26 1756 ARABIAN LANE |
| 22 Suite, Apt. #, etc. PALM HARBOR | 27 Suite, Apt. #, etc. PALM HARBOR |
| 23 City & State FLORIDA | 28 City & State FLORIDA |
| 24 Zip 34685 / 25 Country PINELLAS | 29 Zip 34685 / 30 Country PINELLAS |

9. Name and Address of Current Registered Agent

SPINOWITZ, HARVEY J
1455 COURT STREET
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name: KENNETH PAUL MALMSTROM
82 Street Address (P.O. Box Number is Not Acceptable): 1756 ARABIAN LANE
83 PALM HARBOR
84 City: FL / 85 Zip Code: 34685

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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] DATE: 3-17-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRESIDENT<br>KENNETH PAUL MALMSTROM<br>1756 ARABIAN LANE<br>PALM HARBOR, FL 34685 ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE VP<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | KENNETH PAUL MALMSTROM<br>1756 ARABIAN LANE<br>PALM HARBOR, FL 34685-3346 ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE S/T<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | KENNETH PAUL MALMSTROM<br>1756 ARABIAN LANE<br>PALM HARBOR, FL. 34685-3346 ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

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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:** [signature] 3-11-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

813-787-4717
Daytime Phone #