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 # P95000082121 (1)

1. Corporation Name
KOSHCO OF FLORIDA, INC.

Principal Place of Business
~~6771 US HWY 98 N~~ 3120 S FL AVE
LAKELAND FL ~~33809~~ 33803

Mailing Address
~~6771 US HWY 98 N~~ 3120 S. FL AVE
LAKELAND FL ~~33809~~
33803

3. Date Incorporated or Qualified: 10/19/1995
3a. Date of Last Report:
4. FEI Number: [✓] 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 [X] Yes [ ] No

2. Principal Place of Business		2a. Mailing Address	
21	3120 S FL AVE	26	3120 S FL AVE
Suite, Apt. #, etc		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	LAKELAND FL	28	LAKELAND, FL
Zip / Country		Zip / Country	
24	33803 — 25	29	33803 — 30 USA

9. Name and Address of Current Registered Agent

ARTMAN, STEPHEN H
908 S FLORIDA AVE
SUITE 102
LAKELAND FL 33803

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 ____________ DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	KOSHIOL, GREG E	
STREET ADDRESS	~~6771 US HWY 98 N~~ 3120 S. FL AVE	
CITY-ST-ZIP	LAKELAND FL ~~33809~~ 33803	
TITLE	D	[ ] DELETE
NAME	KOSHIOL, SHARON L	
STREET ADDRESS	~~6771 US HWY 98 N~~ 3120 S. FL AVE	
CITY-ST-ZIP	LAKELAND FL ~~33809~~ 33803	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		

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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: Greg Koshiol
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7-28-96
Daytime Phone #: 941-648-0610