

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000084555 (8)

1. Corporation Name
K.L. WARD, INC.



Principal Place of Business
**2749 HILLCREST AV
TITUSVILLE FL 32796-3700**

Mailing Address
**2749 HILLCREST AV
TITUSVILLE FL 32796-3700**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 355 Pine Street
Suite, Apt. #, etc.

City & State
23 Titusville, Florida
Zip Country
24 32796 25 USA

2a. Mailing Address
26 P.O. Box 6563
Suite, Apt. #, etc.

City & State
28 Titusville, Florida
Zip Country
29 32782-6563 30 USA

3. Date Incorporated or Qualified
11/03/1995

4. FEI Number
59-3345011
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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**WARD, KENNETH L
2749 HILLCREST AVE
TITUSVILLE FL 32796-3700**

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 **PVST** ☐ DELETE
NAME **WARD, KENNETH L**
STREET ADDRESS **2749 HILLCREST AV**
CITY-ST-ZIP **TITUSVILLE FL 32796-3700**

TITLE **D** ☐ DELETE
NAME **WARD, KENNETH L**
STREET ADDRESS **2749 HILLCREST AV**
CITY-ST-ZIP **TITUSVILLE FL 32796-3700**

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 **PST** ☒ Change ☐ Addition
1.2 NAME **Ward, Kenneth L.**
1.3 STREET ADDRESS **355 Pine Street**
1.4 CITY-ST-ZIP **Titusville, FL 32796**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **Ward, Kenneth L.**
2.3 STREET ADDRESS **355 Pine Street**
2.4 CITY-ST-ZIP **Titusville, FL 32796**

3.1 TITLE **VP** ☐ Change ☒ Addition
3.2 NAME **Wilson, Ron H.**
3.3 STREET ADDRESS **355 Pine Street**
3.4 CITY-ST-ZIP **Titusville, FL 32796**

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 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.

CR2E034 (10/97)

4/19/98 (407) 712-7241