SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # P95000091037 (8) KAPROTH ENTERPRISES, INC. Mailing Address Principal Place of Business 2747 CAPITAL CIRCLE. N.E. 2747 CAPITAL CIRCLE. N.E. TALLAHASSEE FL : TALLAHASSEE FL: 3a. Date of Last Report 3. Date incorporated or Qualified 11/30/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-3348756 Not Applicable 21 2900 Industrial Plaza Dr 26 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required \$5.00 May Be Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 Tallahass et 23 8. This corporation has liability for intangible tax under s. 199 032 Country Ζιρ Y Yes No Florida Statutes 30 eon 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BRUSHWOOD, E. THOMAS ESQ. Street Address (P.O. Box Number is Not Acceptable) 82 1353 EAST LAFAYETTE STREET TALLAHASSEE FL 32302-2117 83 Zip Code **B**5 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. PAIL (NOTE Registered Agent signature required when reinstating) SIGNATURE Signature, typed or proceed ratio and registered agent and the Hamplicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8) 13. OFFICERS AND DIRECTORS 12. Change DELETE 1 1 TITLE TITLE 1.2 NAME KAPROTH, DAVID E NAME 13 STREET ADDRESS 724 EAST SEVENTH AVENUE STREET ADDRESS TALLAHASSEE FL 32303 1.4 City - St - ZiP Change X Addition CITY-ST-ZIP DELETE Kaproth Copper (reek Dr. 2.1 TITLE n TITLE JUICE 2.2 NAME JOHNSTON, TOM 1234 2.3 STREET ADDRESS 8054 JORDAN COURT Talkhassee FL STREET ADDRESS 2 4 CHY-ST-ZIP TALLAHASSEE FL 32308 CITY - ST - ZIP DELETE 3.1 TITLE TITLE n 3.2 NAME MCCONKEY, SANDY NAME 3 3 STREET ADDRESS 79 WEST POINT DRIVE STREET ADDRESS 3.4 CITY-ST-ZIP CRAWFORDVILLE FL 32327 Change ____ Add rion CITY-ST-ZIP DELETE 4 1 TITLE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY - \$1 - 7IP CITY - ST-ZIP Change Addition DELETE 51 TITLE TITLE NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition

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 1 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if etanged, or on an attachment with an address.

61 TIFLE

6 2 NAME

6 3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME DE SIGNATURE OF DIRECTOR

DELETE

6/28/86 904-878-7/15