

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000094843 (6)**

1. Corporation Name
KCB & ASSOCIATES, INC.



Principal Place of Business: **7132 JARVIS ROAD SARASOTA FL 34241**
Mailing Address: **7132 JARVIS ROAD SARASOTA FL 34241**

3. Date Incorporated or Qualified: **12/11/1995** 3a. Date of Last Report: **N/A**
4. FEI Number: **65-0622763** Applies 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. 190.032, Florida Statutes: Yes No

2. Principal Place of Business: **SARASOTA** 2a. Mailing Address: **7132 JARVIS Rd**
21. Suite, Apt. #, etc.: **SARASOTA** 26. Suite, Apt. #, etc.: **SARASOTA**
22. City & State: **SARASOTA** 27. City & State: **FLORIDA**
23. Zip: **34241** 28. Zip: **34241**
24. Country: **USA** 29. Country: **USA**

9. Name and Address of Current Registered Agent
CROWN-BOLTZ, KATHRYN M
7132 JARVIS ROAD
SARASOTA FL 34241

10. Name and Address of New Registered Agent
81. Name: **KATHRYN M. CROWN-BOLTZ**
82. Street Address (P.O. Box Number is Not Acceptable): **7132 JARVIS Rd**
83. City: **SARASOTA**
84. State: **FL** 85. Zip Code: **34241**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, 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: *Kathryn M. Crown-Boltz* 4/28/96

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CROWN-BOLTZ, KATHRYN M | |
| STREET ADDRESS | 7132 JARVIS ROAD | |
| CITY-ST-ZIP | SARASOTA FL 34241 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 11. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME | |
| 13. STREET ADDRESS | |
| 14. CITY-ST-ZIP | |
| 21. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME | |
| 23. STREET ADDRESS | |
| 24. CITY-ST-ZIP | |
| 31. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME | |
| 33. STREET ADDRESS | |
| 34. CITY-ST-ZIP | |
| 41. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME | |
| 43. STREET ADDRESS | |
| 44. CITY-ST-ZIP | |
| 51. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME | |
| 53. STREET ADDRESS | |
| 54. CITY-ST-ZIP | |
| 61. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME | |
| 63. STREET ADDRESS | |
| 64. CITY-ST-ZIP | |

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Q.S. 1.96

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 on oath, that I am an officer or director of the corporation or the receiver or trustee in receivership, 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: *Kathryn M. Crown-Boltz* 4/28/96 940-378-094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)