

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

FILED
Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000008802 (6)

1. Corporation Name
KAST F.E.C., INC.



Principal Place of Business
5129 CASTELLO DRIVE, SUITE 2
NAPLES FL 33940

Mailing Address
5129 CASTELLO DRIVE, SUITE 2
NAPLES FL 34103-1803

3. Date Incorporated or Qualified
01/22/1986

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 5100 N. TAMiami TRAIL

26 5100 N. TAMiami TRAIL

4. FEI Number
65-0636960

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 SUITE 201

27 SUITE 201

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 NAPLES, FLORIDA

28 NAPLES, FLORIDA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

Zip Country

Zip Country

24 34103

25 U.S.

29 34103

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SZEMPRUCH, DAVID J
5129 CASTELLO DRIVE, SUITE 2
NAPLES FL 33940

81 Name
SZEMPRUCH, DAVID J
82 Street Address (P.O. Box Number is Not Acceptable)
5100 N. TAMiami TRAIL
83 SUITE 201
84 City
NAPLES FL 85 Zip Code
34103

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 re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
P DS
SZEMPRUCH, DAVID J
5100 N. TAMiami TRAIL, SUITE 201
NAPLES, FLORIDA 34103
200002110762
-03/12/97--01011--018
***165.00
3/11/97

14. I do 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)