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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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May 08 1997 8:00am

Secretary of State

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DIVISION OF CORPORATIONS

DOCUMENT # P9600008871 (1)

K.S. CONSULTING CORPORATION

Principal Place of Business Mailing Address 1680 GULF BLVD., PENTHOUSE 8 1860 GULF BLVD., PENTHOUSE 8 CLEARWATER FL 34630 CLEARWATER FL 34630-2936 3. Date Incorporated or Qualified 3a. Date of Last Report 01/25/1996 2. Principal Place of Business 2a, Mailing Address Applied For Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Bo 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes ☐ No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent NASH, THOMAS C II 81 Name **400 CLEVELAND STREET** 62 Street Address (P.O. Box Number is Not Acceptable) EIGHTH FLOOR CLEARWATER FL 34615 83 A4 City 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 the if applicable (NO1): Registe ed Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.5 THUE SANDBERG, KARL E NAME 1.2 NAME P.O. BOX 3865 STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL 34830** CITY-ST-ZIP DELETE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-7IP DELE 16 Change Addition TITLE 311111 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 HILE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7IP DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST- ZIP DELETE TITLE 6 1 1111 E Change Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filting 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 upport or supplienental annual ruport 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 deriporation or the receiver or truetce empowered to execute this report as required by Chapter 607, Florida Spatutes, and that my name appears in Block 12 or Block 8 if changes or or (an attactment with an address.