

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

FILED

Jan 15 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 # P96000078103 (4)

1. Corporation Name
KTA MANAGEMENT, INC.



Principal Place of Business
408 E. STRAWBRIDGE AVENUE
MELBOURNE FL 32901

Mailing Address
408 E. STRAWBRIDGE AVENUE
MELBOURNE FL 32901-4559

3. Date Incorporated or Qualified
09/19/1996
3a. Date of Last Report

4. FEI Number
59-3407586
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 410 E. STRAWBRIDGE AVE
Suite, Apt. #, etc.

2a. Mailing Address
26 410 E. STRAWBRIDGE AVE
Suite, Apt. #, etc.

22

27

City & State
23 MELBOURNE FL

City & State
28 MELBOURNE FL

Zip
24 32901

Zip
29 32901

Country
25 BREVARD

Country
30 BREVARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DETTMER, DALE A
780 S. APOLLO BOULEVARD
MELBOURNE FL 32901

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 date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D, P	<input type="checkbox"/> DELETE
NAME	KESSINGER, M.A.	
STREET ADDRESS	4 INWOOD WAY	
CITY - ST - ZIP	INDIAN HARBOR BEACH FL 32937	
TITLE	D, S/T	<input type="checkbox"/> DELETE
NAME	TERRY, MIKE	
STREET ADDRESS	380 FRANKLYN AVENUE	
CITY - ST - ZIP	INDIANLANTIC FL 32903	
TITLE		<input type="checkbox"/> DELETE
NAME		
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		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DIRECTOR
2.3 STREET ADDRESS	MICHAEL TERRY
2.4 CITY - ST - ZIP	380 FRANKLYN AVE INDIANLANTIC FL 32903
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: Michael Terry MICHAEL TERRY 1-7-97 407-952-7222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0000004

CR2E034 (9/96)