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Jan 14 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 # P96000078294 (1)

1. Corporation Name
K & M MANAGEMENT, INC.



Principal Place of Business
2755 ULMERTON ROAD
CLEARWATER FL 34622

Mailing Address
2755 ULMERTON ROAD
CLEARWATER FL 34622-3303

3. Date Incorporated or Qualified
09/20/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3406252

Applied For
Not Applicable

21 Suite, Apt. # etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORRIS, ROBERT E
4016 HENDERSON BLVD.
TAMPA FL 33629

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 fee 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 ☒ DELETE
NAME KOUTROUMANIS, ANTHONY K
STREET ADDRESS 631 HARBOR VIEW ROAD
CITY-ST-ZIP ORANGE CT 06477

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME KOUTROUMANIS, GREGORY K
STREET ADDRESS 2852 PHEASANT DRIVE
CITY-ST-ZIP PALM HARBOR FL 34683

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME KOUTROUMANIS, DEAN A
STREET ADDRESS 2802 HAMMOCK COURT
CITY-ST-ZIP CLEARWATER FL 34621

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME KOUTROUMANIS, JOHN A
STREET ADDRESS 3005 SPRING OAK AVE.
CITY-ST-ZIP PALM HARBOR FL 34684

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME KOUTROUMANIS, DEAN J
STREET ADDRESS 5055 SOUTH HAMPTON CIRCLE
CITY-ST-ZIP TAMPA FL 33647

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MONTEVAGO, JAMES A
STREET ADDRESS 4002 CROCKERS LAKE BLVD., #127
CITY-ST-ZIP SARASOTA FL 43238

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS 2024 Blue Hawk Court # 1826
6.4 CITY-ST-ZIP Clearwater FL 34622

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: James A. Montevago JAMES A. MONTEVAGO

1/13/97

(813) 572-5566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)