

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

FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra S. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000084807 (2)

1. Corporation Name  
KOALA CONSTRUCTION, INC.

Principal Place of Business

17598 ROCKEFELLER CR  
SUITE 102  
FT MYERS FL 33912  
US

Mailing Address

17598 ROCKEFELLER CR  
SUITE 102  
FT MYERS FL 33912  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 17598 ROCKEFELLER CR.	26 17598 ROCKEFELLER CR.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 SUITE 102	27 SUITE 102		
City & State	City & State		
23 FT. MYERS FL.	28 FT. MYERS FL.		
Zip	Country	Zip	Country
24 33912	25 USA	29 33912	30 USA

3. Date Incorporated or Qualified 10/11/1996	
4. FEI Number 65-0770380	Applied For <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
APPLIED FOR	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

O'GROSKY, WILLIAM E  
17598 ROCKEFELLER CR  
102  
FT MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name MARY L FORD	85 Zip Code 33912
82 Street Address (P.O. Box Number is Not Acceptable) 17598 ROCKEFELLER CR.	
83 SUITE 102	
84 City FT. MYERS	85 FL

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

*Mary L Ford*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/20/98  
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	O'GROSKY, WILLIAM E	
STREET ADDRESS	17598 ROCKEFELLER CR, 102	
CITY-ST-ZIP	FT MYERS FL	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARY L. FORD	
1.3 STREET ADDRESS	17598 ROCKEFELLER CR, 102	
1.4 CITY-ST-ZIP	FT. MYERS FL. 33912	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 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:

*Mary L Ford*

4/10/98

941-482-6501

CR2E034 (10/97)