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FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000075976 (5)

1. Corporation Name
KSAF CONSULTING INC.

Principal Place of Business
P. O. BOX 4168
ORMOND BEACH FL 32175-4168

Mailing Address
P. O. BOX 4168
ORMOND BEACH FL 32175-4168

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1997

4. FEI Number

03-0322398

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

STUMP, GEORGE
23 KINGSBRIDGE CROSSING DR.
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ DELETE
NAME GEORGE STUMP
STREET ADDRESS 23 KINGSBRIDGE CROSSING DRIVE
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE VICE PRESIDENT ☐ DELETE
NAME JOELLE KING
STREET ADDRESS 23 KINGSBRIDGE CROSSING DRIVE
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE SECRETARY ☐ DELETE
NAME JOELLE KING
STREET ADDRESS 23 KINGSBRIDGE CROSSING DRIVE
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE TREASURER ☐ DELETE
NAME JOELLE KING
STREET ADDRESS 23 KINGSBRIDGE CROSSING DRIVE
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE DIRECTOR ☐ DELETE
NAME GEORGE STUMP
STREET ADDRESS 23 KINGSBRIDGE CROSSING DRIVE
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE DIRECTOR ☐ DELETE
NAME JOELLE KING
STREET ADDRESS 23 KINGSBRIDGE CROSSING DRIVE
CITY-ST-ZIP ORMOND BEACH, FL 32174

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Joelle King

JOELLE KING

4/6/98 (90A) 615-4831

CR2E034 (10/97)