

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

FILED

Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000086616 (4)**

1. Corporation Name

KAST ORTHOTICS AND PROSTHETICS, INC.

Principal Place of Business

**1245 COURT ST STE 102
CLEARWATER FL 33756**

Mailing Address

**1245 COURT ST STE 102
CLEARWATER FL 33756**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1997

4. FEI Number

59-3471336

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**

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

2. Principal Place of Business

21 **1230 S. Myrtle Ave**

Suite, Apt #, etc

22 **Suite 401**

City & State

23 **Clearwater FL**

Zip

24 **33756**

Country

25 **USA**

2a. Mailing Address

26 **1230 S. Myrtle Ave**

Suite, Apt #, etc

27 **Suite 401**

City & State

28 **Clearwater FL**

Zip

29 **33756**

Country

30 **USA**

g. Name and Address of Current Registered Agent

**CONETTA, TAMI F
1245 COURT ST STE 102
CLEARWATER FL 33756**

10. Name and Address of New Registered Agent

81 Name **Frounfelter, Cary F.**

82 Street Address (P.O. Box Number is Not Acceptable)

1230 S. Myrtle Ave

83 **Ste. 401**

84 City **Clearwater**

FL

85 Zip Code **33756**

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(8), 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 607.05(5), Florida Statutes.

SIGNATURE

Cary F. Frounfelter

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **GASSMAN, ALAN S**
STREET ADDRESS **1245 COURT ST STE 102**
CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **OWNER** ☐ Change ☐ Addition

1.2 NAME **Frounfelter, Cary F.**
1.3 STREET ADDRESS **1230 S. Myrtle Ave, Ste 401**
1.4 CITY-ST-ZIP **Clearwater FL 33756**

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:

Cary F. Frounfelter

Date

Exemption Reason

0307049

CR2E034 (10/97)