

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:15

DOCUMENT # **S33573** (4)

1. Corporation Name

KOBLAR CONSTRUCTORS, INC.

Principal Place of Business

2009 N.W. 67TH PL.
GAINESVILLE FL 32606-1603

Mailing Address

2009 N.W. 67TH PL.
GAINESVILLE FL 32606-1603

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/19/1991** 3a. Date of Last Report **07/20/1994**

4. FEI Number **59-3059464** 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 tangible tax under § 199.032 Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

24 Zip **32653** 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip **32653** 29 Country

9. Name and Address of Current Registered Agent

**CHRISTMANN, THOMAS G.
527 E. UNIVERSITY AVE.
GAINESVILLE FL 32601**

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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.

SIGNATURE

(Signature) (Date) (Printed name) (Address) (City) (State) (Zip)

(Signature) (Date) (Printed name) (Address) (City) (State) (Zip)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DREW, KOBLAR
STREET ADDRESS	2009 N.W. 67TH PL.
CITY ST ZIP	GAINESVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS BY:

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	
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 is voluntarily furnished and does not qualify for the exemption stated in Sections 199.032, 199.033, 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Drew Koblar (94) 372-0038
2/17/95