

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S34882** (8)

1. Corporation Name

KBL ASSET MANAGEMENT, INC.



Principal Place of Business

**3030 N. ROCKY POINT DRIVE WEST
SUITE 560
TAMPA FL 33607**

Mailing Address

**3030 N. ROCKY POINT DRIVE WEST
SUITE 560
TAMPA FL 33607**

3. Date Incorporated or Qualified
03/01/1991

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

21 **711 N. Sherrill ST.**

Suite, Apt. #, etc.

22 **TAMPA, FL**

23 **TAMPA, FL**

24 **33609** 25 **FL**

26 **711 N. Sherrill ST.**

27 **TAMPA, FL**

28 **TAMPA, FL**

29 **33609** 30 **FL**

9. Name and Address of Current Registered Agent

**GOLDSTEIN, BRUCE S.
220 E. MADISON ST.
SUITE 724
TAMPA FL 33602**

4. FEI Number

59-3055026

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 intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 607.1506, 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 signing officer or director

(Print Name of Registered Agent Signature, if provided)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **CD MASSINGILL, JESSE L.**
STREET ADDRESS **3030 N ROCKY PT DR W 560**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **ST MASSINGILL, JESSE L.**
STREET ADDRESS **3030 N ROCKY PT DR W 560**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **PD BACH, WILLIAM E**
STREET ADDRESS **3030 N. ROCKY PT. DR., W., #560**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **VD MASSINGILL, VALERIE A**
STREET ADDRESS **3030 N. ROCKY PT. W., #560**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Jesse L. Massingill

Jesse L. Massingill 8/6/96 (813) 885-5656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)