

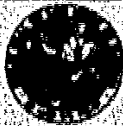
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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra E. Mathem
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # S37434 (5)

**1. Corporation Name
THOMAS KOVACH SERVICES INC.**

**Principal Place of Business
17735 LONG POINT DRIVE
REDINGTON SHORES FL 33708**

**Mailing Address
17735 LONG POINT DRIVE
REDINGTON SHORES FL 33708**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified
03/13/1991** **3a. Date of Last Report
03/17/1994**

2. Principal Place of Business **2a. Mailing Address**

21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.

22 City & State **27** City & State

23 Zip **28** Zip

24 Country **25** Country **29** Country **30** Country

**4. FEI Number
59-3055060** **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**

**6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes** **Yes** **No**

9. Name and Address of Current Registered Agent

**KOVACH, THOMAS
17735 LONG POINT DR.
REDINGTON SHORES FL 33708**

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 **D**

NAME **KOVACH THOMAS**

STREET ADDRESS **11425 81ST PLACE N**

CITY-ST-ZIP **SEMINOLE FL**

TITLE **D**

NAME **KOVACH CONNIE L**

STREET ADDRESS **11425 81ST PLACE N**

CITY-ST-ZIP **SEMINOLE FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRES.** **Change** **Addition**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **SEC./TREAS.** **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 110.07(3)(b), 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: *Thomas J. Kovach* **Thomas J. KOVACH** **4-13-95** **(813)397-1454**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #