FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S43169** **(9)**

1. Corporation Name
K.P.S. SALES, INC.

Principal Place of Business	Mailing Address
520 WEST ORANGE BLOSSOM TRAIL APOPKA FL 32712	520 WEST ORANGE BLOSSOM TRAIL APOPKA FL 32712

2. Principal Place of Business 21 1655 E. SEMORAN BLVD.	2a. Mailing Address 26 1655 E. SEMORAN BLVD.
Suite, Apt #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 APOPKA, FL ~~32703~~	City & State 28 APOPKA, FL ~~32703~~
Zip / Country 24 32703 / 25	Zip / Country 29 32703 / 30

3. Date Incorporated or Qualified: **04/04/1991**
3a. Date of Last Report: **03/01/1995**
4. FEI Number: **59-3061953** ☐ 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

9. Name and Address of Current Registered Agent

SULLIVAN, KEVIN P
520 W. ORANGE BLOSSOM TRAIL
APOPKA FL 32712

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, KEVIN P		1.2 NAME	
STREET ADDRESS	520 W ORANGE BLOSSOM TRL		1.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, MARY A		2.2 NAME	
STREET ADDRESS	520 W ORANGE BLOSSOM TRL		2.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL		2.4 CITY-ST-ZIP	
TITLE	SEC	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, MICHAEL P		3.2 NAME	
STREET ADDRESS	520 W ORANGE BLOSSOM TRAIL		3.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 a 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: K Sullivan 4/19/96 407 880 3118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Kevin P Sullivan