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Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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
1655 E. SEMORAN BLVD. APOPKA FL 32703 US	1655 E. SEMORAN BLVD. APOPKA FL 32703-5624 US

3. Date Incorporated or Qualified: 04/04/1991
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business — 21 — 22 Suite, Apt. #, etc. — 23 City & State — 24 Zip — 25 Country

2a. Mailing Address — 26 — 27 Suite, Apt. #, etc. — 28 City & State — 29 Zip — 30 Country

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: Kevin P Sullivan
82 Street Address (P.O. Box Number is Not Acceptable): 1655 E SEMORAN BLVD #24
83
84 City: APOPKA FL 85 Zip Code: 32703

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: K P Sull Kevin P Sullivan President 4/23/97
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 (9/96)

14. I do 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: K P Sull Kevin P Sullivan 4/23/97 407 890 3419