

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S80436 (6)

1. Corporation Name
K.C. LIMITED, INC.



Principal Place of Business Mailing Address
718 RIVERSIDE DRIVE 718 RIVERSIDE DRIVE
ORMOND BEACH FL 32174 ORMOND BEACH FL 32174

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/16/1991		3a. Date of Last Report 04/27/1995	
21		26		4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

CHIARAVALLE, KATHLEEN
718 RIVERSIDE DRIVE
ORMOND BEACH FL 32176

10. Name and Address of New Registered Agent

81 Name Kenneth ChiaraValle
82 Street Address (P.O. Box Number is Not Acceptable)
718 Riverside Dr.
83
84 City Ormond Beach FL 85 Zip Code 32176

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

Kenneth ChiaraValle

7/18/96

Signature typed or printed name of registered agent and when applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	
NAME	CHIARAVALLE, KATHLEEN	12 NAME	
STREET ADDRESS	718 RIVERSIDE DRIVE	13 STREET ADDRESS	
CITY - ST - ZIP	ORMOND BEACH FL	14 CITY - ST - ZIP	
TITLE		21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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)(x), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

Kenneth ChiaraValle

7/19/96 (904) 673-7011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (3/96)