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 # **S98081** **(0)**

1. Corporation Name

KYRON SERVICES, CORP.

Principal Place of Business	Mailing Address
2059 HWY 87 NAVARRE FL 32566 US	2059 HWY 87 NAVARRE FL 32566 US

3. Date Incorporated or Qualified: **12/05/1991**

3a. Date of Last Report: **07/25/1995**

2. Principal Place of Business	2a. Mailing Address
21 Street: 9050	26 Street: 9050
22 Suite, Apt. #, etc: EAST RIVER DR.	27 Suite, Apt. #, etc: EAST RIVER DR.
23 City & State: NAVARRE FLA.	28 City & State: NAVARRE, FL.
24 Zip: 32566 / 25 Country: US	29 Zip: 32566 / 30 Country: US

4. FEI Number: **59-3101265** ☐ 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

PERKINS, ROBERT R
2059 HIGHWAY 87
NAVARRE FL 32566

10. Name and Address of New Registered Agent

81 Name: Robert R. Perkins
82 Street Address (P.O. Box Number is Not Acceptable): 9050
83: EAST RIVER DR.
84 City: NAVARRE **FL** 85 Zip Code: 32566

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 _____ DATE
Signature, typed or printed name of registered agent, and title, if any (Note: Registered Agent's signature required for electronic filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PERKINS, ROBERT R		1.2 NAME		
STREET ADDRESS	9050 E RIVER DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAVARRE FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PERKINS, KYONG Y		2.2 NAME		
STREET ADDRESS	9050 E RIVER DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAVARRE FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PERKINS, JOSEPH JAE		3.2 NAME		
STREET ADDRESS	9050 EAST RIVER DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAVARRE FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STICH, DONALD R.		4.2 NAME		
STREET ADDRESS	9177 EAST RIVER DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAVARRE FL		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)(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: Robert R. Perkins — 5-15-96 — 904-935-2595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #