FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 [illegible] :15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V42860** **(9)**

1. Corporation Name
KAPPA INVESTMENTS, INC.

Principal Place of Business
908 S DELANEY AVE
ORLANDO FL 32806-1275
US

Mailing Address
P.O. BOX 568821
ORLANDO FL 32356-8821
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/10/1992**
3a. Date of Last Report: **03/14/1994**
4. FEI Number: **59-3126756** — Applied For / Not Applicable

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)
2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

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

CARTER, DARYL M.
908 SOUTH DELANEY AVE.
ORLANDO FL 32806

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	**DP**
NAME	**POITRAS, PATRICIA T.**
STREET ADDRESS	**198 HIGHLAND**
CITY-ST-ZIP	**HOLLISTON MA**
TITLE	**DST**
NAME	**POITRAS, KAY G.**
STREET ADDRESS	**27B MOORE RD.**
CITY-ST-ZIP	**HAINES CITY FL**
TITLE	**VP**
NAME	**CARTER, MAURY L**
STREET ADDRESS	**908 S. DELANEY AVE**
CITY-ST-ZIP	**ORLANDO FL**
TITLE	**AS**
NAME	**CARTER, DARYL M**
STREET ADDRESS	**908 S. DELANEY AVE**
CITY-ST-ZIP	**ORLANDO FL**
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (each block: ☐ Change ☐ Addition; TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP — blank)

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: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daryl M. Carter, Asst Secretary

Apr 25 95 — Date
407/422-3144 — Daytime Phone #

0065716 CF