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 # **V45551** **(1)**

1. Corporation Name
KEVA-RENO'S INC.

Principal Place of Business	Mailing Address
4970 98TH WAY N. ST. PETERSBURG FL 33708	4970 98TH WAY N. ST. PETERSBURG FL 33708

3. Date Incorporated or Qualified: **06/19/1992**
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business	2a. Mailing Address
21 20505 US 19 N #11	26 20505 US 19 N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 11	27 11
City & State	City & State
23 Clearwater, FL.	28 Clearwater, FL.
Zip / Country	Zip / Country
24 33624 / 25 Pinellas	29 33624 / 30 Pinellas

4. FEI Number: **59-3132730** ☐ 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

LITTLEFIELD, KEVAN
4970 98TH WAY N.
ST. PETERSBURG FL 33708

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 20505 US 19 N #11
83 #11
84 City: Clearwater, FL. **FL** 85 Zip Code: 33624

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: Filing Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LITTLEFIELD, KEVAN 4970 98TH WAY N. ST. PETERSBURG FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 363 BANIA VISTA DRIVE INDIAN ROCKS BEACH, FL. 33535
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT LITTLEFIELD, STACIA 4970 98TH WAY N. ST. PETERSBURG FL ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 363 BANIA VISTA DRIVE INDIAN ROCKS BEACH, FL. 33535
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 100001872311 -06/24/96--01015--013 ***25.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 300001872313 -06/24/96--01015--014 ***200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 6-25-96

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 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: KEVAN LITTLEFIELD — 5-25-96 — 8137973636
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)