## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600000186 (2)

KGA ENTERPRISES, INC.

## FILED May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				11021 10110 0111 1001	
140 PINE AVE 140 PINE AVE					
OLDSMAR FL 34677 OLDSMAR FL 34677			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified	
				12/30/1996	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26			59-3376883	Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.	<b>¬</b>		I S Contitionto of Status Desired	3.75 Additional
22	City P. Chate	7 City & State			Fee Required
City & State	· ·	7			5.00 May Be Added to Fees
Zip Country	28	Zip Country		This corporation owes or has paid the current to the current	
24 25	<b>├</b> ── `	30	,	Personal Property Tax due June 30.	
9. Name and Address of Current				10. Name and Address of New Registered Agen	
KRUEGER, ANGELA		81	Name		
140 PINE AVE OLDSMAR FL 34677			82 Street Address (P.O. Box Number is Not Acceptable)		
		84	City	85	Zip Code
				<u> </u>	<u> </u>
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: Registered Agent signature required when reinstating)  DATE					
12. OFFICERS AND		13.	terit eißirerane red	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 12
TITLE PD	DELETE	1.1 TITLE			hange
NAME KRUEGER, RICHARD K	1.2 NA				
	4444		T ADDRESS		
CITY-ST-ZIP TAMPA FL	·-		ST-ZIP		
TITLE EVD	☐ DELETE 2.1 TH				Change
NAME GATTI, HANK	GATTI, HANK 2.				
STREET ADDRESS 6444 SUMMERFIELD LOOP		2.3 STREE	T ADDRESS	200	
CITY-ST-ZIP NEW PORT RICHEY FL		2. 4 CITY-	ST - ZIP		
TITLE VD	DELETE	3.1 TITLE			Change [_] Addition
NAME ALEXANDER, JEFFREY T		3.2 NAME			
STREET ADDRESS 60 SPRUCE COURT		3.3 STREE	T ADDRESS		
CITY-ST-ZIP OLDSMAR FL		3.4. CITY -	ST-ZIP		
TITLE STD	☐ DELETE	4.1 FITLE			Change L. Addition
NAME KRUEGER, ANGELA		4. 2 NAME			
STREET ADDRESS 12534 BRONCO DRIVE			T ADDRESS		
CITY-ST-ZIP TAMPA FL	DELETE	4.4 CITY-	ST-ZIP		Shanes   Addition
TITLE	☐ DELETE	5.1 TITLE		Ш	Change
NAME		5.2 NAME			ĺ
STREET ADDRESS			T ADDRESS		
CITY-ST-ZIP	DELETE	5.4 CITY - 6.1 TITLE	ST - ZIP		Change
TITLE	☐ DETEIE				Yigingo CJ Yaqqiioti
NAME ATTENT ADDRESS		6.2 NAME			
STREET ADDRESS			T ADDRESS		
CITY-SI-ZIP	b this filing does not qualify for	6.4 CITY-		in Section 119.07(3)(i), Florida Statutes. I further certify t	hat the information

14. 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 comporation or the receiver or frustee 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.