

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90159 034 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # S02831**

1. Corporation Name  
**KINDA-SORTA, INC.**



Principal Place of Business

C/O EDWARD JAROTZ  
9476 TRADEWINDS AVE  
SEMINOLE FL 33776  
US

Mailing Address

C/O EDWARD JAROTZ  
9476 TRADEWINDS AVE  
SEMINOLE FL 33776  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/01/1990**

4. FEI Number

**59-3031060**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐ **\$5.00** May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **1860 NORTHVIEW Rd**

Suite, Apt. #, etc.

22

City & State

23 **LARGO FL**

Zip

24 **33770** 25 Country

2a. Mailing Address

26 **1860 NORTHVIEW Rd**

Suite, Apt. #, etc.

27

City & State

28 **LARGO FL**

Zip

29 **33770** 30 Country

9. Name and Address of Current Registered Agent

JAROTZ, EDWARD J.  
9476 TRADEWINDS AVE  
SEMINOLE FL 33776

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DVT** ☐ DELETE  
NAME **JAROTZ, EDWARD J.**  
STREET ADDRESS **9476 TRADEWINDS AVE**  
CITY-ST-ZIP **SEMINOLE FL**

TITLE **DP** ☐ DELETE  
NAME **JAROTZ, CAROLYN J**  
STREET ADDRESS **9476 TRADEWINDS AVE**  
CITY-ST-ZIP **SEMINOLE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DVT** ☒ Change ☐ Addition  
1.2 NAME **JAROTZ, EDWARD J.**  
1.3 STREET ADDRESS **1860 NORTHVIEW ROAD**  
1.4 CITY-ST-ZIP **LARGO FL 33770**

2.1 TITLE **DP** ☒ Change ☐ Addition  
2.2 NAME **JAROTZ, CAROLYN J.**  
2.3 STREET ADDRESS **1860 NORTHVIEW ROAD**  
2.4 CITY-ST-ZIP **LARGO FL 33770**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 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 any attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/20/99 727-596-1609**

CR2E034 (11/98)

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