

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:34

DOCUMENT # **K48346** (6)

1. Corporation Name

KYLE WILLIAM, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

**% WILLIAM M. MAGO
8530 MOON LAKE ROAD
NEW PORT RICHEY FL 34654**

2a. Mailing Address

**% WILLIAM M. MAGO
8530 MOON LAKE ROAD
NEW PORT RICHEY FL 34654**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/01/1988

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

59-2943036

Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

23. City & State

28. City & State

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

24. City

25. Country

29. City

30. Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAGO, WILLIAM M.
12419 LACEY DR
NEW PORT RICHEY FL 34654**

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 607.01(1) and 607.01(2), 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.01(2), Florida Statutes.

SIGNATURE

(Signature of person who is the registered agent or the corporation)

(Signature of person who is the registered agent or the corporation)

(Date)

12. OFFICERS AND DIRECTORS

NAME	DP
NAME	MAGO, WILLIAM M.
STREET ADDRESS	12419 LACEY DR
CITY, STATE, ZIP	NEW PORT RICHEY FL
NAME	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. NAME	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. NAME	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. NAME	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	
17. NAME	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not apply for the exemption stated in Section 199.03(2)(b), Florida Statutes. I further certify that the information included 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 and that I am not a functionary exempt from filing this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12, or Block 13, or Block 14, or on an attachment with an address.

SIGNATURE:

William M. Mago
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95

(813) 851-9664