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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K49013

(1)

KTL ENTERPRISES, INC.

FILED									
Apr 21 1	997	8:00am							
Secreta	ary o	f State							

Principal Place of Business Mailing Address			I (BD\$D\$); Dib dibid ibili daib! Adab iidad iiit aabil alak alak alak aabil alak aabi				
		% GEORGE M. LILLEY					
% GÉÒRGE M. 2835 N GALLON		2935 N GALLOWAY RD					
LAKELAND FL	33809	LAKELAND FL 33810-06	12				
						3. Date Incorporated or Qualified 11/29/1988	3a. Date of Last Report 05/01/1996
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Applied For
21		26				59-2919860	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
22		27				Or Sertificate of States Booling	Fee Required
City & Stat	е	City & State				6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zip	Country	Ζιρ		ıntry		8. This corporation has tiability for int	
24	25	29	30	<del>,</del>			Yes No
<del></del>	9. Name and Address of Curren	it Registered Agent		0.5	. N	10. Name and Address of New Regi	istered Agent
	EY, GEORGE M.			81	Name	)	
	5 N GALLOWAY RD			82	Stree	Address (P.O. Box Number is Not Acceptable	9)
LAKE	ELAND FL 33809						
				83			
				84	City		85 Zip Code
					<b>_</b>		
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Sta	tules, the a	pove	-name	d corporation submits this statement for the pur rporation's board of directors. I hereby accept	rpose of changing its registered
agent. La	registered agent, or both, in the state am <u>fa</u> miliar with, and accept the obliga	ations of, Section 607.0505,	Florida Sta	lutes	7 (110 GC 3.	rporation's board of directors, Thereby accept	the appointment as registered
SIGNATURE	George M 1 ille Signature, typed Oprinted name of registered ago	ev Presiden	1				4-14-97
Olditalone		nt and title if applicable (f	VOTE: Registere	d Age	int signatu	- Eddined Wite / On State By	
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICE	
TITLE	PD	☐ DELETE	1,1 T				Change Addition
NAME	LILLEY, GEORGE M.		1.2 N	AMF			
STREET ADDRESS	2935 N GALLOWAY RD		1.3 \$	TREE 1	ADDRESS		
CITY-ST-ZIP	LAKELAND FL			11Y-S	1-ZIP		
TETLE	D	DELETE	2.1 T				Change Addition
NAME	LILLEY, LILA B.		2.2 N	AME			
STREET ADDRESS	2935 N GALLOWAY RD		2.3 \$	TREE 1	ADDRESS		
CITY-ST-ZIP	LAKELAND FL				S1 - ZIP		
TITLE		☐ DELETE	3.1 7	TĿ€			Change Addition
NAME .			3.2 N				i
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP					ST-ZIP		
TITLE		☐ DELETE	4.1 T				☐ Change ☐ Addition
NAME			4.21	MAME			1
STREET ADDRESS			4.3 S	TREE 1	ADDRESS		
CITY-ST-ZIP				(TY-S	T - 7(P		
TITLE		☐ DELETE	5.1 T	ILE			Change Addition
NAME			5.2 N	AME			
STREET ADDRESS			5.3 S	TREET	ADDRESS		
CITY-ST-ZIP			5.4 C	ITY-S	1 - ZIP		
TITLE		☐ DELETE	6.1 7	ITLE			Change Addition
NAME			62 N	AME			
STREET ADDRESS			6.3 S	1REET	ADDRESS		
CATY-ST-ZIP	]		6.40	OTY-S	T - 71P		

14. I do 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 an attachment with an address.

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QUI 800 -1000

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