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Mar 17, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 484073

1. Corporation Name  
KATY-BILL CORPORATION



Principal Place of Business Mailing Address  
14508 S. TAMiami TRAIL 14508 S. TAMiami TRAIL  
FT MYERS FL 33912 FT MYERS FL 33912

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

3. Date Incorporated or Qualified  
09/08/1975  
4. FEI Number Applied For  
59-1581183 Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing \$5.00 May Be Added to Fees  
Trust Fund Contribution  
8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent  
HUCKE, WILLIAM J.  
14508 S. TAMiami TRAIL  
FT MYERS FL 33912

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 P [ ] DELETE  
NAME HUCKE, WILLIAM J.  
STREET ADDRESS 14508 S. TAMiami TRAIL  
CITY-ST-ZIP FORT MYERS FL  
[ ] DELETE  
[ ] DELETE  
[ ] DELETE  
[ ] DELETE  
[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE [ ] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE [ ] Change [ ] Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
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 an attachment with an address, with all other like empowered.

SIGNATURE: William J. Hucke  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99 Date 941-481-8711 Daytime Phone #

CR2E034 (1/198)