

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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90013 048 ***150.00

DOCUMENT # P96000039368 (1)

1. Corporation Name

K & L PROFESSIONAL PAYROLL SERVICE, INC.

Principal Place of Business

131 GARDEN AVE N
CLEARWATER FL 34615

Mailing Address

131 GARDEN AVE N
CLEARWATER FL 34615



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1996

4. FEI Number

59-3380088

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

21 133 GARDEN AVE, N
Suite, Apt. #, etc.

2a. Mailing Address

26 133 GARDEN AVE, N
Suite, Apt. #, etc.

22 City & State

23 CLEARWATER

27 City & State

28 CLEARWATER

24 Zip

33755

25 Country

25 PINE/103

29 Zip

33755

30 Country

30 PINE/103

9. Name and Address of Current Registered Agent

LETTAU, KATHLEEN E
131 GARDEN AVE N
CLEARWATER FL 34615

81 Name

LETTAU KATHLEEN E

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

133 GARDEN AVE, N

83

84 City

CLEARWATER

FL

85 Zip Code

33755

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

Kathleen E. Lettau

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-98

12. OFFICERS AND DIRECTORS

TITLE DVT ☐ DELETE

NAME LETTAU, KATHLEEN E
STREET ADDRESS 177 PLUMOSA DR
CITY-ST-ZIP LARGO FL 34641

TITLE DPS ☐ DELETE

NAME BLEDSOE, LAVONNA
STREET ADDRESS 14248 DICKENS ST., #107
CITY-ST-ZIP SHERMAN OAKS CA

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DVT ☒ Change ☐ Addition

1.2 NAME LETTAU KATHLEEN E

1.3 STREET ADDRESS 502 ORANGEVIEW AVE

1.4 CITY-ST-ZIP CLEARWATER, FL 33755

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

Kathleen E. Lettau

DATE

4-29-98

Daytime Phone #

445-9707