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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 002587

1. Corporation Name

KYLE AND MCLELLAN, INC.

FILED	
Feb 05, 1999 8:00am	ì
Secretary of State	

02-05-1999 90013 033 ***150.00



	•			-				
Bringing Place	of Rusiness	Mailing Address					•	
THICIDAL FIELD OF DESIGNATION								
#216					DO NOT WRITE IN THIS SPACE			
JACKSONVILLE FL 32208 JACKSONVILLE FL 32207				3. Date Incorporated or Qualifed				
us us			•		01/01/1903		j	
	·				4. FEI Number	Ar	plied For	
2. Principal Pla	ce of Business	2a. Mailing Address			59-0560485	⊢	ot Applicable	
21	·	26					Additional	
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		equired	
22	<u></u>	27			- i Oi Financing	\$5.00	May Be	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		to Fees	
23		28			8. This corporation owes the current ye	ar Intangible		
Zip	Country	Zip	_	intry	Personal Property Tax.	Yes	□No	
24	25		30	г	10. Name and Address of New Regist	tered Agent		
	9. Name and Address of Curre	ent Registered Agent		81 Name	10. Name and Address of the Lagrangia			
		4						
	LLAN, S.M			82 Street Addr	ess (P.O. Box Number is Not Acceptable)		Ì	
4975	SAN JOSE BLVD					1, 11		
#216				[83]		1		
JACK	SONVILLE FL 32207			84 City		85 Zip	Code	
				1	poration submits this statement for the purpon's board of directors. I hereby accept the			
	Signature, typed or printed name of registered a	AND DIRECTORS	(NOTE: Registere		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECT	ORS IN 12	
12.		DELE		TILE		Change	Addition	
TITLE	S DATRICIA M		1.23	IAME				
NAME -	HILL, PATRICIA M.		133	STREET ADDRESS				
STREET ADDRESS	4975 SAN JOSE BLVD, #216)		CITY-ST-ZIP				
CITY-ST-ZIP	JACKSONVILLE FL 32207	[] DELE		ITLE		☐ Change	a ☐ Addition	
TITLE	PTD	<u></u>		NAME			1	
NAME	MCLELLAN, S M	^		STREET ADDRESS			ļ	
STREET ADDRESS	4975 SAN JOSE BLVD, #216	0007		CITY-ST-ZIP				
CITY-ST-ZIP	JACKSONVILLE, FL 00000 3	2201 DELE		TITLE		☐ Change	e 🔲 Addition	
TITLE		ب و ا		NAME		·		
NAME				STREET ADDRESS			e e de	
STREET ADDRESS	3			CTY-ST-ZIP			1	
CITY-ST-ZIP		DELE		TITLE		. Chang	je . : Addition	
TITLE	•	الما المالية		NAME				
NAME					•			
STREET ADDRESS	S .			STREET ADDRESS				
CITY ST-ZIP		□ DELI		TITLE		☐ Chang	ge Addition	
TITLE		نے انداز		NAME	*			
NAME				STREET ADDRESS				
STREET ADDRES	s¦ .			CITY-ST-ZIP	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
CITY-ST-ZIP				TITLE		Chang	ge 🔲 Addition	
πιε		DEL		NAME				
NAME				STREET ADDRESS				
STREET ADDRES	s			CITY-ST-ZIP				
1	21 (C. 17. 1957) (C. 17. 17. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19		■ fia	A CHITTOILE				

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.