

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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90013 038 ***150.00

DOCUMENT # 286539

1. Corporation Name
J.K. KESSLER & ASSOCIATES INC.

Principal Place of Business
**3906 E 11TH AVE
TAMPA FL 33605**

Mailing Address
**3906 E 11TH AVE
TAMPA FL 33605**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/01/1964

4. FEI Number
59-1061139

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

**KESSLER, JULIAN K.
3906 E. 11TH AVE.
TAMPA FL 33605**

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

Julian K. Kessler **JULIAN K. KESSLER** **SEC/7/1-26-99** DATE

12. OFFICERS AND DIRECTORS

TITLE **PT** ☒ DELETE
NAME **KESSLER, JULIAN K.**
STREET ADDRESS **3101 WESSON WAY**
CITY-ST-ZIP **TAMPA FL**

TITLE **V** ☒ DELETE
NAME **KESSLER, JOHN M**
STREET ADDRESS **12201 KERP LN**
CITY-ST-ZIP **RIVERVIEW FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **PT**
1.3 STREET ADDRESS **KESSLER, JOHN M.**
1.4 CITY-ST-ZIP **12201 KERP LN**
RIVERVIEW, FL

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **KESSLER, JULIAN K.**
2.4 CITY-ST-ZIP **3101 WESSON WAY**
TAMPA, FL

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: *Julian K. Kessler* **JULIAN K. KESSLER** **SEC/7/1-26-99** DATE

Date

Daytime Phone #

CR2E034 (1/98)

03860066