## 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 # 304005**

1. Corporation Name 🛫

KENTUCKY COLONEL, INC.

Principal Place of Business Mailing Address

C/O JAMES M. WALLACE. 420 OLD MAIN ST. P.O. BOX 1889 **BRADENTON FL 34206-1889** 

C/O JAMES M. WALLACE, 420 OLD MAIN ST. P.O. BOX 1889 BRADENTON FL 34206-1889

## **FILED** Feb 03, 1999 8:00am **Secretary of State**

02-03-1999 90020 015 \*\*\*150.00



Applied For

-	DO NOT	WOITE	INI	THIS	SPACE
	TOO NOT	WHILE	ın	1113	SPACE

3. Date Incorporated or Qualifed 04/13/1966

2. Principal Pla	ice of Business 🦭 🔆 🙀 🧗	za. Maning Address						
1		26		59-1118260	Not	Applicable		
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75 Ac			
2	V. 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	City & State		6. Election Campaign Financing	\$5.00 N	Aay Be		
City & State		28		Trust Fund Contribution	Added to	•		
3	Country	Zip	Country	8. This corporation owes the curre	ent vear Intangible			
Zip ¬1	25	<u> </u>	30	Personal Property Tax.	∐Yes [	∏No		
4 .	9. Name and Address of Curr		30	10. Name and Address of New Registered Agent				
	9. Name and Address or our		81 Name	1,				
WALL	ACE, JAMES M			CD CD D Laborate in Nick Accordan	hia)			
420 C	OLD MAIN STREET		82 Street Ad	dress (P.O. Box Number is Not Acceptat	•	1 - 01411 (80		
	ENTON FL 34205		83	#817 1 15 250 367 1 F 76 344	引起 八角 東西 医红色	4 -14		
					<b>新聞 (名) 经租赁股份</b>			
			84 City		FL 85 Zip C	oae		
office or rea	o the provisions of Sections 607.0 gistered agent, or both, in the Stan familiar with, and accept the obli	ite of Florida. Such change was a	utnonzea by the corpora	rporation submits this statement for the partition's board of directors. I hereby accept	purpose of changing its r t the appointment as reg	egistered istered		
office or recall agent. I am	gistered agent, or both, in the Sta n familiar with, and accept the obli Signature, typed or printed name of registered in	te of Florida. Such change was a gations of, Section 607.0505, Flo	unnonzed by the corpora rida Statutes.  Registered Agent signature requirements	ired when reinstating)	DATE			
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6.4 CITY-ST-ZIP 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 Placet 12 of Placet 13 of Placet 13 of Placet 14 of Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

400 OLD 16450

BLANCE COLD

8

TITLE NAME JASTIC

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

☐ DELETE

Addition

Addition

☐ Change

Change