05-10-1999 90140 045 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUI	MENT # 321441	l										
KINGSLAND - HENRY & ASSOCIATES, INC.												
Principal Place of Business			Mailing Address					I INCINE (ICIA IINA) (1811 AIRI) (		141 101014 101	### ####	E/E// (E-F
284 PARK AVENUE NORTH			284 PARK AVENUE NORTH				}					
WINTER PARK (	FL 32789	Wi	NTER PARK FL 32789				Ì	DO NOT WE	RITE IN THIS	SPACE		
							3.	, Date Incorporated or Qualife				
								09/27/1967				
2. Principal Pl	ace of Business	2a.	Mailing Address				4.	, FEI Number			Applie	d For
21		26						<u>59-1172417</u>				pplicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5.	. Certificate of Status Desired			5 Add	
22		27	<u> </u>								Requi	
City & State	е	-	City & State				6	<ol> <li>Election Campaign Financing Trust Fund Contribution</li> </ol>			<b>00</b> Ma ed to F	
23 Zin	Country Zip				Country				rrent veer Inta		eu to i	ces
Zip	·				0			8. This corporation owes the current year Intangible Personal Property Tax.				
24	9. Name and Address of Curre						10	). Name and Address of New	Registered A	gent		
					81	Name						
KINGSLAND, ROBERT S					82	Street	Address (	P.O. Box Number is Not Accep	otable)			
284 PARK AVENUE NORTH					_							
WINT	ER PARK FL 32789				83							Ì
					84	City				85 2	Zip Cod	ie
	<u> </u>					′			FL	44	•	
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Flori	da. Such change was au	morizea	יעם ב	the corbo	corporation s b	on submits this statement for the coard of directors. I hereby acc	e purpose of o ept the appoin	itment a	g its reg s regis	Jisterea lered
SIGNATURE	Signature, typed or printed name of registered as	gent and title	if applicable. (NOTE:	Registered	d Agen	it signature re	equired when	n reinstating)	DATE			
12.	OFFICERS A			13.				ADDITIONS/CHANGES TO C	FFICERS AN			
TITLE	PD		☐ DELETE	1.1 TI	ΠLE					☐ Char	ige	Addition
NAME	KINGSLAND, ROBERT S.			1.2 N	AME							
STREET ADDRESS	284 PARK AVENUE N.			1.3 S	TREET	FADDRESS						
CITY-ST-ZIP	WINTER PARK FL				ITY-S	T-ZIP				☐ Chan		Addition
TITLE			☐ DELETE	2.1 ∏		ļ				CICIAN	ige	☐ Yaquitan
NAME				2.2 N								
STREET ADDRESS						TADDRESS						
CITY-ST-ZIP	☐ DELETE			2, 4 C	TTY-S	ST- ZIP				□ Char	nae	Addition
TITLE			□ perrir	3.1 N							3-	
NAME						T ADDECSS						
STREET ADDRESS					ITY-S	T ADDRESS						
CITY-ST-ZIP			☐ DELETE	4.1 11		)(- <i>L</i> )r				☐ Char	nge	Addition
NAME			<del>_</del>		NAME.							
STREET ADDRESS						TADORESS I						
CITY-ST-ZIP					ITY-S							
TITLE			☐ DELETE	5.1 TI						☐ Char	nge	Addition
NAME				5.2 N	AME							

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 suppowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Change

Addition

CR2E034 (11/98)