

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
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90153 049 ***150.00

DOCUMENT # 356381

1. Corporation Name

KENNEDY REAL ESTATE OF LA BELLE, INC.

Principal Place of Business

90 W HICKPOCHEE AVE
LABELLE FL 33935
US

Mailing Address

PO BOX 341
LABELLE FL 33975
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1969

4. FEI Number

59-1277981

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 tangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 4502 Springview Cir.

22 Suite, Apt. #, etc.

23 City & State

LaBelle, FL

24 Zip

33935

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

KENNEY, CAROLYN W
90 HICKPOCHEE AVE (HWY 80)
P.O. BOX 341
LABELLE FL 33935

10. Name and Address of New Registered Agent

81 Name

Carolyn W. Kennedy

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

4502 Springview Cir.

83

P.O. Box 341

84 City

LaBelle

FL

85 Zip Code

33975

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

Carolyn W. Kennedy

Carolyn W. Kennedy

4/23/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME KENNEDY, CAROLYN W
STREET ADDRESS 4502 SPRINGVIEW CIRCLE
CITY-ST-ZIP LABELLE, FL 00000

TITLE SD ☐ DELETE

NAME KENNEDY, CAROLYN W
STREET ADDRESS 4502 SPRINGVIEW CIR
CITY-ST-ZIP LABELLE FL

TITLE VD ☐ DELETE

NAME KENNEDY, CAROLYN W
STREET ADDRESS 4502 SPRINGVIEW CIR
CITY-ST-ZIP LABELLE 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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: Carolyn W. Kennedy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

Date

941-675-1717

Daytime Phone #

CR2E034 (1/198)