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Feb 19, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 403640

1. Corporation Name

KREHLING INDUSTRIES, INC

Principal Place of Business

1425 E. WIGGINS PASS RD.
NAPLES FL 33963

Mailing Address

1425 E. WIGGINS PASS RD.
NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1972

4. FEI Number

59-1393388

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

KREHLING, HENRY W. JR.
1425 E. WIGGINS PASS RD.
NAPLES FL 33963

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

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	<input type="checkbox"/> DELETE
NAME	KREHLING, HENRY W., JR.	
STREET ADDRESS	1425 E. WIGGINS PASS RD.	
CITY-ST-ZIP	NAPLES FL	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WALTBILLIG, PETER J.	
STREET ADDRESS	1425 E WIGGINS PASS RD	
CITY-ST-ZIP	NAPLES FL	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	BRUCE, GRANT	
STREET ADDRESS	134 MAPLE STREET	
CITY-ST-ZIP	DECATUR GA	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	JARVIS, ERNEST L	
STREET ADDRESS	1425 E WIGGINS PASS ROAD	
CITY-ST-ZIP	NAPLES FL	

TITLE	V	<input type="checkbox"/> DELETE
NAME	RYAN, WILLIAM	
STREET ADDRESS	1425 E WIGGINS PASS ROAD	
CITY-ST-ZIP	NAPLES FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	DURANT, ALAN	
STREET ADDRESS	134 MAPLE STREET	
CITY-ST-ZIP	DECATUR GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 appointment with an address, with all other like empowered.

SIGNATURE:  **Henry W. Krehling, Jr.**

January 28, 1999

941-597-3162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)