

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 27, 1999 8:00 am
Secretary of State

02-27-1999 90091 029 ***150.00

DOCUMENT # 493769

1. Corporation Name
KEGEL & STILLI, INC.

Principal Place of Business
1461 COMMERCE CENTRE PKWY
PORT ST. LUCIE FL 34986

Mailing Address
1461 COMMERCE CENTRE PKWY
PORT ST. LUCIE FL 34986



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1975

4. FEI Number

59-1674493

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

9. Name and Address of Current Registered Agent

KEGEL, THOMAS E
1860 BELGRAVE TERR
STUART FL 34997

10. Name and Address of New Registered Agent

81 Name

KEGEL, THOMAS E.

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

1461 COMMERCE CENTRE PARKWAY

83

84 City

PORT ST LUCIE

FL

85 Zip Code

34986

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 THOMAS E. KEGEL, P.D.

Thomas E. Kegel

1-29-99

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 KEGEL, THOMAS E.
STREET ADDRESS 1860 SW BELGRAVE TERR
CITY-ST-ZIP STUART FL

TITLE VSD ☐ DELETE

NAME KEGEL, MARY A.
STREET ADDRESS 2654 SW WESTLAKE CIR
CITY-ST-ZIP PALM CITY FL

TITLE T ☐ DELETE

NAME HENNESSY, EILEEN
STREET ADDRESS 749 BELMONT CIRCLE
CITY-ST-ZIP PT ST LUCIE FL

TITLE D ☐ DELETE

NAME STILLI, DAVID
STREET ADDRESS 4948 BIMINI RD
CITY-ST-ZIP JUPITER FL

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

PD

☒ Change

☐ Addition

1.2 NAME

KEGEL, THOMAS E

1.3 STREET ADDRESS

1461 COMMERCE CENTRE PARKWAY

1.4 CITY-ST-ZIP

PORT ST LUCIE, FL 34986

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

HENNESSY, EILEEN

3.3 STREET ADDRESS

1461 COMMERCE CENTRE PARKWAY

3.4 CITY-ST-ZIP

PORT ST LUCIE, FL 34986

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:

Eileen Hennessy

1/29/99

561-464-2601

Date

Daytime Phone #

CR2E034 (11/98)