FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

581454

(6)

KLINE PROPERTIES, INC.

.

FILED Feb 23 1998 8:00am Secretary of State



| Principal Place | e of Business | Mailing Ad | Mailing Address | | | | C HENNEL BILLER TOTAL TIERL | (starat drifts idigt ratif didts Milit dett Hibri dinit dinit dinit gibts milit gibts gibts jast | | | |
|--|--|---------------------------|------------------------|---------|---------|--------------|---------------------------------------|---|---------------------------------------|---------------|--|
| 18701 SAN CARLOS BLVD. FT. MYERS BEACH FL 33931 | | 18701 SAI | 18701 SAN CARLOS BLVD. | | | | | | | | |
| | | FT. MYERS BEACH FL 33931 | | | | | DO 4 | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | | | 3. Date Incorporated or | | - OF AUL | | |
| | | | | | | | 08/07/1978 | œccamou. | | | |
| 2. Principal P | ace of Business | 2a. Mailing | Address | | | | 4. FEI Number | | I IA | pplied For | |
| 21 | | 26 | | | | | | 59-1842067 Not Applicable | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | | | esired | | Additional | |
| 22 | | 27 | | | | | 5. Certificate of Status I | esired L | Fee R | equired | |
| City & State | 9 | City & | City & State | | | | 6. Election Campaign Fi | nancing | \$5.00 | May Be | |
| 23 | | 28 | | | | | Trust Fund Contributi | on 🔲 | Added | to Fees | |
| Zip | Country | Zìp | | | ountry | 1 | 8. This corporation owe: | | | | |
| 24 | 25 | 29 | | 30 | _ | | Personal Property Ta | | | No | |
| | 9. Name and Address of Curren | t Registered A | gent | | 81 | Name | 10. Name and Address | of New Registered | Agent | | |
| KLINE, WILLIAM H., JR. | | | | | " | rvame | | | | | |
| | 90 KELLY PALM DR. | | 82 | | | Street | Address (P.O. Box Number is No | t Acceptable) | | | |
| FT. | MYERS FL 33908 | | | | 83 | | | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | | 63 | | | | | | |
| | | | | | 84 | City | · · · · · · · · · · · · · · · · · · · | FI | 85 Zip | Code | |
| ## Durayant | to the provisions of Sections 607.0502 | 0 and 607 160B | Florida Ctatuda | o the | abau. | | Laproprotion submits this stateme | | | to registered | |
| office or re | or the provisions of sections 607.0502 egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida, Such | change was a | uthoriz | ed by | v the cor: | poration's board of directors. The | reby accept the ap | pointment as | registered | |
| SIGNATURE | Signature, typed or printed name of registered ager | nt and title if applicabl | e (NOTE | Registe | red Age | ent signatur | e required when reinstating) | DATE | | | |
| 12. | OFFICERS AND | DIRECTORS | | 13 | | | ADDITIONS/CHANGES | TO OFFICERS AN | ID DIRECTOR | RS IN 12 | |
| TITLE | VO | | DELETE | 1.1 | TITLE | | | | Change | Addition | |
| NAME | UNDERWOOD, VERNON G. | | | 1.2 | NAME | | | | | | |
| STREET ADDRESS | | | 1.3 | STREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | FT. MYERS BCH FL | | | 1.4 | CITY-S | ST-ZIP | | | | | |
| TITLE | \$1D | | DELETÉ | 2.1 | TITLE | | | | Change | Addition | |
| NAME | UNDERWOOD, CAROLYN K. | | | 2.2 | NAME | | | | | | |
| STREET ADDRESS | 18701 SAN CARLOS BLVD. | | | 2.3 | STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | FT MYERS BEACH FL | | | 2.4 | CITY-5 | ST-ZIP | | | | | |
| TITLE | PO | | DELETE | 3.1 | TITLE | | | | ☐ Change | Addition | |
| NAME | KLINE, WILLIAM H. JR. | | | 3.2 | NAME | | | | | | |
| STREET ADDRESS | 18701 SAN CARLOS BLVD. | | | 3.3 | STREET | ADDRESS | | | | | |
| CITY+ST-ZIP | FT. MYERS BCH FL | | | 3.4. | CITY-S | ST-ZIP | | | | | |
| TITLE | 0 | | DELETE | 4.1 | TITLE | | | | ☐ Change | ☐ Addition | |
| NAME | KLINE, DOROTHY J. | | | 4.2 | NAME | | | | | | |
| STREET ADDRESS | 18701 SAN CARLOS BLVD. | | | 4.3 | STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | FT. MYERS BCH FL | | | 4.4 | CITY-S | T-ZIP | | | | | |
| TITLE | D | | DELETE | 5.1 | TITLE | | | | ☐ Change | Addition | |
| NAME | KLINE, DAVID A. | | | 52 | NAME | | | | | | |
| STREET ADDRESS | 396 SEABROOK DR. | | | 53 | STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | WILLIAMSVILLE NY | | | 5.4 | CITY-S | I-ZIP | | | | | |
| TITLE | | | DELETE | 6.1 | TITLE | | | | ☐ Change | Addition | |
| NAME | | | | 6.21 | NAME | | | | | | |
| STREET ADDRESS | | | | 6.3 | STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | 6.4 | CITY-S | T-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 suppliemental 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.

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