

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

**FILED**  
**Feb 28 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 631153 (4)**  
 1. Corporation Name  
**KYLE'S CLOCK SHOP, INC.**



Principal Place of Business: **1454 GULF-TO-BAY BOULEVARD CLEARWATER FL 34615**  
 Mailing Address: **1454 GULF-TO-BAY BOULEVARD CLEARWATER FL 34615-5342**

3. Date Incorporated or Qualified: **07/27/1979**      3a. Date of Last Report: **02/27/1996**  
 4. FEI Number: **59-1923387**      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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**  
 2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent: **KYLE, JEFF 2162 WRENS WAY CLEARWATER FL 34264**  
 10. Name and Address of New Registered Agent: **81 Name**, **82 Street Address (P.O. Box Number is Not Acceptable)**, **83**, **84 City**, **85 Zip Code** **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>P</b> <input type="checkbox"/> DELETE	<b>KYLE, JEFF</b>	11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>KYLE, JEFF</b>	<b>2162 WRENS WAY</b>	12 NAME:	
STREET ADDRESS: <b>2162 WRENS WAY</b>	<b>CLEARWATER FL</b>	13 STREET ADDRESS:	
CITY - ST - ZIP:		14 CITY - ST - ZIP:	
TITLE: <b>VP</b> <input type="checkbox"/> DELETE	<b>KYLE, TERRY</b>	21 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>VP</b>
NAME: <b>KYLE, TERRY</b>	<b>330 PROMENADE DRIVE 308</b>	22 NAME:	<b>KYLE, TERRY</b>
STREET ADDRESS: <b>330 PROMENADE DRIVE 308</b>	<b>DUNDIN FL</b>	23 STREET ADDRESS:	<b>80 ROGERS ST #6-D</b>
CITY - ST - ZIP:		24 CITY - ST - ZIP:	<b>CLEARWATER, FL 34616</b>
TITLE: <b>ST</b> <input type="checkbox"/> DELETE	<b>KYLE, MARY</b>	31 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>KYLE, MARY</b>	<b>2162 WRENS WAY</b>	32 NAME:	
STREET ADDRESS: <b>2162 WRENS WAY</b>	<b>CLEARWATER FL</b>	33 STREET ADDRESS:	
CITY - ST - ZIP:		34 CITY - ST - ZIP:	
TITLE: <input type="checkbox"/> DELETE		41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		42 NAME:	
STREET ADDRESS:		43 STREET ADDRESS:	
CITY - ST - ZIP:		44 CITY - ST - ZIP:	
TITLE: <input type="checkbox"/> DELETE		51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		52 NAME:	
STREET ADDRESS:		53 STREET ADDRESS:	
CITY - ST - ZIP:		54 CITY - ST - ZIP:	
TITLE: <input type="checkbox"/> DELETE		61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		62 NAME:	
STREET ADDRESS:		63 STREET ADDRESS:	
CITY - ST - ZIP:		64 CITY - ST - ZIP:	

14. I do 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.

SIGNATURE: *Terry Kyle* **TERRY KYLE** **2-25-97** **813-442-7782**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)