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

CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 633784

K-P GROUPS, INCORPORATED

K-P GROU	PS, INCORPORATED						
Principal Place o	f Rusiness	Mailing Address				· ·	
SUN CITY CENTER SHO			ig center				
P.O. BOX 5808	N SHOPPING OCHTEN	P.O. BOX 5808			DO NOT WRITE IN THIS SPACE		
SUN CITY CENTE	R FL 33571	SUN CITY CENTER FL 33571			3. Date Incorporated or Qualifed		
ODIV SIZE VALVE	• •	•			09/27/1070	<del></del>	
		Address .			A FEI Number	Applied For	
2. Principal Plac	ce of Business	2a. Mailing Address			EQ-10EE322	Not Applicable	
21		26			30.(;	5 Additional	
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired  Fee	Required	
22	<u>-</u>	27				0 May Be	
City & State		City & State			Trust Fund Contribution Added to 1 663		
23	•	Zip Country			a. This corporation owes the current year Intangible		
Zip	Country	1, 21p		y	Personal Property Tax.		
<b>⊢</b> ₁ ′	25	29 3	01		10. Name and Address of New Registered Agent		
24	9. Name and Address of Current	Registered Agent	8	1 Name	10.	}	
	<del></del>	•	\"		- A		
KNEELAND, DOLORES P.				2 Street Ad	dress (P.O. Box Number is Not Acceptable)		
1937	EAST VIEW DR			<u> </u>		4.	
SUN	CITY FL 33573	83		3	(1) 1 (1) (1) (1) (1) (1) (1) (1) (1) (1		
		84 City		A City	FI 85 Zip Code		
	••		- 1		. L	n its registered	
		2 and 607 1508 Florida Statute	s, the abo	ve-named co	prporation submits this statement for the purpose of changing station's board of directors. I hereby accept the appointment a	s registered	
11. Pursuant t	to the provisions of Sections 607.000	of Florida. Such change was au	thorized t	by the corpora	rporation submits this statement for the purpose of changing the state of directors. I hereby accept the appointment a		
agent. I a	egistered agent, or both, in the State in familiar with, and accept the obliga	tions of, Section 607.0505, Flori	ida Otatat	<b>.</b>			
1			Registered A	gent signature requ	uired when reinstating) DATE	CTOPS IN 12	
SIGNATORE	Signature, typed or printed name of registered age	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRE	nge Addition	
12.		DELETE	1.1 TITL	E		CTORS IN 12	
TITLE	PD		1.2 NA	Æ .		۲ ا	
NAME	KNEELAND, DOLORES P.			REET ADDRESS			
STREET ADDRESS	1937 EAST VIEW DRIVE	•		Y-ST-ZIP			
CITY-ST-ZIP	SUN CITY CENTER FL		2.1 TIT		Cha	ange LI Addition	
TITLE			. I			ļ	
NAME	ţ		2.2 NA	I		]	
			2.3 ST	REET ADDRESS			
STREET ADDRESS		·	_	TY-ST-ZIP	□ Ch	ange	
CITY-ST-ZIP		☐ DELETE	3.1 TIT	LE	• • •		
TITLE .	· ·		3.2 NA	ME		(2) (2) (2)	
NAME			3.3 ST	REET ADDRESS			
STREET ADDRESS			3.4. C	ITY-ST-ZIP		hange	
CITY-ST-ZIP_		☐ DELETE	4.1 TI	TLE			
TITLE		: :	4. 2 N	AME		•	
NAME	• ,		- 1	TREET ADDRESS		ļ	
STREET ADDRES	s		1	ITY-ST-ZIP		hange Addition	
CITY-ST-ZIP		T] DELETE	5.1 T			hange Addition	
0,1, 0, 0,	<del></del>	I I DELETE	<b>₽.1</b> (		1	<u> </u>	

14. I hereby certify that the information supplied with this filling 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. STREET ADDRESS

6.2 NAME 6.3 STREET ADDRESS

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

NAME

TITLE

STREET ADDRESS

CITY-ST-ZIP

DELETE

**FILED** 

Feb 10, 1999 8:00am

**Secretary of State** 

02-10-1999 90067 034 \*\*\*150.00

Change

Addition