

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
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90051 019 ***150.00

DOCUMENT # F14149

1. Corporation Name

KEN CLINTON AND ASSOCIATES, INC.



Principal Place of Business

**621 CASEY KEY RD
NOKOMIS FL 34275
US**

Mailing Address

**P O BOX 1569
NOKOMIS FL 34274-1569
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1981

2. Principal Place of Business

2a. Mailing Address

21 303 LONGBOW TRAIL

26 P.O. BOX 1049

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 OSPREY FL

28 OSPREY FL

Zip Country

Zip Country

24 34229 25 US

29 34229 30 USA

4. FEI Number

59-2055093

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

**CLINTON, KEN
621 CASEY KEY RD
NOKOMIS FL 34275**

10. Name and Address of New Registered Agent

81 Name

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

303 LONGBOW TRAIL

83

OSPREY

84 City

FL

85 Zip Code

34229

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 ☐ DELETE

**NAME
DP
CLINTON, KEN
STREET ADDRESS
621 CASEY KEY RD
CITY-ST-ZIP
NOKOMIS FL**

TITLE ☐ DELETE

**NAME
ST
CLINTON, BARBARA B
STREET ADDRESS
621 CASEY KEY RD
CITY-ST-ZIP
NOKOMIS FL**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

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

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

**303 LONGBOW TRAIL
OSPREY, FL 34229**

1.4 CITY-ST-ZIP

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

**303 LONG BOW TRAIL
OSPREY, FL 34229**

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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: **Barbara B. Clinton**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.24.99 **941-485-0900**
Date Daytime Phone #

CR2034 (11/98)