## 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 # F64570

(7)

CAROL KLINGLER, INC.

FILED May 08 1998 8:00am Secretary of State



27 City & State City & State 6. Election Campaign Financing	Applied For
CALA FL 34475 US  LONGWOOD FL 32779  DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/26/1982 4. FEI Number 21 26 5. Certificate of Status Desired   Suite, Apt. #, etc.   Suite, Apt.	Applied For
2. Principal Place of Business   2a. Mailing Address   4. FEI Number   59-2 196971    Suite, Apt. #, etc.   Suite, Apt. #, etc.   59-2 196971    Suite, Apt. #, etc.   Suite, Apt. #, etc.   59-2 196971    City & State   City & State   City & State   6. Election Campaign Financing   \$5    Zip   Country   Zip   Zi	Not Applicable
2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Mailing Ad	Not Applicable
21	Not Applicable
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   S. Certificate of Status Desired   \$8	<del></del>
City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Signature  Fersonal Property Tax due June 30.	
City & State  28  City & State  28  City & State  28  Country  Country  Country  Zip  Zip  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	.75 Additional
28	ee Required
Zip Country Zip Country Zip Country 8. This corporation owes or has paid the current ye Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KLINGER, CAROL L 3254 NE 35TH ST OCALA FL 34475    Street Address (P.O. Box Number is Not Acceptable)	5.00 May Be dded to Fees
29 30 Personal Property Tax due June 30.	
RUNGER, CAROL L 3254 NE 35TH ST OCALA FL 34475  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83    84 City   FL   85    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 change office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or profess and particular and this if applicative.  SIGNATURE  Signature, typed or profess and DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. TITLE  NAME  KLINGER, CAROL L  3254 NE 35TH ST  OCALA FL  14. City-St-Zip  OCALA FL  15. Name and Address of New Registered Agent  81. Name  (Not Endows signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. TITLE  15. TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  OCALA FL  14. CITY-ST-ZIP	
3254 NE 35TH ST OCALA FL 34475  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL  85  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 change 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  Signature, typed or product name of registered agent and total it implicate (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  PDS  KUNGER, CAROL L  STREET ADDRESS  GITY- ST- ZIP  OCALA FL  14 CITY- S1- ZIP	
3254 NE 35TH ST OCALA FL 34475  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   85   85   86 City   FL   86   87   88   88   89   88   89   88   89   89   89   89   89   80	·
OCALA FL 34475  83  84 City  FL 85  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 change 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or profiled name of registered agent and totic if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  12. OF FICE RS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  WAME  KUNGER, CAROL L  12 NAME  STREET ADDRESS  GITY-ST-ZIP  OCALA FL  14.0TY-ST-ZIP	
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SIGNATURE	Zip Code
Signature, typied or prelied name of highers of agent and talk if applicable   (NOTE: Registered Agent signature registrating)   DATE	jing its registered int as registered
12. OFFICERS AND DIRECTORS  TITLE PDS DELETE 1.1 TITLE NAME KLINGER, CAROL L STREET ADDRESS CITY-ST-ZP OCALA FL  OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.1 TITLE 1.1 TITLE 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP	
TITLE         PDS         DELETE         1.1 TITLE           NAME         KLINGER, CAROL L         12 NAME           STREET ADDRESS         3254 NE 35TH ST         13 STREET ADDRESS           CITY-ST-ZIP         OCALA FL         1.4 CITY-ST-ZIP	
NAME         KLINGER, CAROL L         12 NAME           STREET ADDRESS         3254 NE 35TH ST         13 STREET ADDRESS           CITY-ST-ZIP         OCALA FL         1.4 CITY-ST-ZIP	
STREET ADDRESS         3254 NE 35TH ST         13 STREET ADDRESS           CITY-ST-ZIP         OCALA FL         1.4 CITY-ST-ZIP	ange Addition
CITY-ST-ZIP OCALA FL 1.4 CITY-S1-ZIP	
	ange Addition
NAME DAWN LUCAS 22 NAME	ninge Audulion
STREET ADDRESS 214 TIMBERCOVE CIRCLE 2.3 STREET ADDRESS	
CITY-ST-ZIP LONGWOOD FL 2.3 STREET PLODESS	
TITLE DELETE 3.1 TITLE Ch	ange Addition
NAME 32 NAME	ango E.J. Moskion
STREET ADDRESS	
CITY-SI-ZIP	
TITLE DELETE 4.1 TITLE Ch	ange Addition
NAME 4. 2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-\$1-ZIP 4.4 CITY-\$1-ZIP	
TITLE DELETE 5.1 TITLE Che	ange Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
NTLE DELETE 6.1 TITLE Che	ange Addition
NAME 62 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 64 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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered by execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if change 0, or on an attachment with an address.