

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
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90119 028 ***150.00

DOCUMENT # F93000003705

1. Corporation Name

K.T. ASSOCIATES, P.C. OF VA.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2323 HORSE PEN ROAD
STE 500
HERDON VA 22071-3405
US

Mailing Address

2323 HORSE PEN ROAD
STE 500
HERNDON VA 22071-3405
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 20171

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 20171

Country

3. Date Incorporated or Qualified

08/13/1993

4. FEI Number

54-1664195

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

MUNROE, ROBERT C
6838 TAMARIND CIRCLE
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 CT
NAME KOBLOS, MARK R
STREET ADDRESS 15612 BRITENBUSH CY
CITY-ST-ZIP WATERFORD VA

☐ DELETE

TITLE DV
NAME FARREL, JOHN E P.E.
STREET ADDRESS 12361 CLARETH DR
CITY-ST-ZIP HERNDON VA

☐ DELETE

TITLE D
NAME MUNROE, ROBERT C P.E.
STREET ADDRESS 6838 TAMARIND CIRCLE
CITY-ST-ZIP ORLANDO FL 32819

☐ DELETE

TITLE V
NAME TOWNSEND, ROBERT S
STREET ADDRESS 2502 CHARLESTOWN LANE
CITY-ST-ZIP RESTON VA

☐ DELETE

TITLE S
NAME KOBLOS, KATHRYN E
STREET ADDRESS 15612 BRITENBUSH CT
CITY-ST-ZIP WATERFORD VA

☐ DELETE

TITLE V
NAME HARE, ANDREW D.
STREET ADDRESS 1428 HARLE PLACE SW
CITY-ST-ZIP LEESBURG VA 20175

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

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: *Kathryn E. Koblos* KATHRYN E. KOBLOS 3/26/99 703 581-1713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)