

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **F97000000947 (8)**

1. Corporation Name

**KIRKLAND STANDARD BREDS, INC.**

Principal Place of Business

**131 E. BROAD ST  
FRANKFORT NY 13340**

Mailing Address

**131 E. BROAD ST  
FRANKFORT NY 13340**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/21/1997**

4. FEI Number

**16-1513677**

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes☒ No

9. Name and Address of Current Registered Agent

**HALE, PEARL E  
8180 SANDWEDGE TERRACE, SAVANNA CLUB  
PORT ST LUCIE FL 34952**

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 **PSTD** ☐ DELETE  
NAME **HALE, PHILIP**  
STREET ADDRESS **91 KIRKLAND AVE**  
CITY-ST-ZIP **CLINTON NY 13323**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**3000002603279**  
**-07/31/98--01001--014**  
**\*\*\*150.00**

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.

SIGNATURE

*[Signature]*

*(315) 724-4062*

CR2E034 (5/98)



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91 Kirkland Avenue • Clinton, New York 13323 • 315 853-4630 • Philip Hale, President

July 15, 1998

Division of Corporations  
Annual Reports Filings  
PO Box 1500  
Tallahassee, Florida 32302

Enclosed please find the 1998 Profit Corporation Annual Report.  
Also enclosed is the filing fee of \$150.

The Corporation is requesting a waiver of the \$400 penalty.

The Corporation did not receive the first notice of the annual report packet. If it did it would have filed by the May 31 deadline.

Thank you for your consideration.

Best regards,

A handwritten signature in dark ink, appearing to read "Philip Hale", is written over a horizontal line.

Philip Hale