

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

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90028 003 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F98000002183**

1. Corporation Name  
**CANDLEWOOD LEASING NO. 2, INC.**

Principal Place of Business

**9342 EAST CENTRAL  
WICHITA KS 67206**

Mailing Address

**9342 EAST CENTRAL  
WICHITA KS 67206**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/17/1998**

4. FEI Number

**APPLIED FOR 48-1200458**

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

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	<b>DCEO</b>		
	<b>DEBOER, JACK P</b>		
STREET ADDRESS	<b>9342 EAST CENTRAL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WICHITA KS 67206</b>	1.4 CITY-ST-ZIP	
	<b>DP</b>		
	<b>ROOS, JAMES E</b>	2.1 TITLE	
STREET ADDRESS	<b>9342 EAST CENTRAL</b>	2.2 NAME	
CITY-ST-ZIP	<b>WICHITA KS 67206</b>	2.3 STREET ADDRESS	
	<b>DVS</b>	2.4 CITY-ST-ZIP	
	<b>FIX, WARREN D</b>	3.1 TITLE	
STREET ADDRESS	<b>9342 EAST CENTRAL</b>	3.2 NAME	
CITY-ST-ZIP	<b>WICHITA KS 67206</b>	3.3 STREET ADDRESS	
	<b>V</b>	3.4 CITY-ST-ZIP	
	<b>KENNELLEY, THOMAS R</b>	4.1 TITLE	
STREET ADDRESS	<b>9342 EAST CENTRAL</b>	4.2 NAME	
CITY-ST-ZIP	<b>WICHITA KS 67206</b>	4.3 STREET ADDRESS	
	<b>AS</b>	4.4 CITY-ST-ZIP	
	<b>CLOUD, PAMELA J</b>	5.1 TITLE	
STREET ADDRESS	<b>9342 EAST CENTRAL</b>	5.2 NAME	
CITY-ST-ZIP	<b>WICHITA KS 67206</b>	5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4. 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:

*Thomas Kennally*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Thomas Kennally* 1/29/99 316 630 5500

CR2E034 (1/98)