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Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90007 049 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F98000002395

1. Corporation Name

KRIS BUSINESS SERVICES, INC.

Principal Place of Business

2165 GULF TO BAY BLVD #537
CLEARWATER FL 33765

Mailing Address

2165 GULF TO BAY BLVD #537
CLEARWATER FL 33765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1998

4. FEI Number

58-1709264

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

2. Principal Place of Business

21 15010 113TH AVE N

Suite, Apt. #, etc.

22 LOT 1B

City & State

23 LARGO FL

Zip

24 33774

Country

25 PINELANDS

2a. Mailing Address

26 15010 113TH AVE N

Suite, Apt. #, etc.

27 LOT 1B

City & State

28 LARGO FL

Zip

29 33774

Country

30 PINELANDS

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BANKER, KIMBERLY
2165 GULF TO BAY BLVD #537
CLEARWATER FL 33765

81 Name

KIMBERLY BANKER

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

15010 113TH AVE N

83

LOT 1B

84 City

LARGO

FL

85 Zip Code

33774

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDT ☐ DELETE

NAME BANKER, KIMBERLY

STREET ADDRESS 2165 GULF TO BAY BLVD #537

CITY-ST-ZIP CLEARWATER FL 33765

TITLE VSCD ☒ DELETE

NAME BANKER, WILLIAM F

STREET ADDRESS 2165 GULF TO BAY BLVD #537

CITY-ST-ZIP CLEARWATER FL 33765

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KIMBERLY BANKER PRES

3/19/99

727-517-2284

CR2E034 (11/98)