

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 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90125 047 \*\*\*150.00

**DOCUMENT # F98000006076**

1. Corporation Name  
**KISTERS, INC.**



Principal Place of Business  
**1405 JAMIKE DRIVE. STE 8  
ERLANGER KY 41018**

Mailing Address  
**1405 JAMIKE DRIVE. STE 8  
ERLANGER KY 41018**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/02/1998**

2. Principal Place of Business

**21 4100 U.S. Hwy #1**  
Suite, Apt. #, etc.

2a. Mailing Address

**26 4100 U.S. Hwy #1**  
Suite, Apt. #, etc.

4. FEI Number

**61-1149049**

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

22. City & State

**23 Edgewater, FL**  
Zip Country

**24 32141 25 USA**

27. City & State

**28 Edgewater, FL**  
Zip Country

**29 32141 30 USA**

9. Name and Address of Current Registered Agent

**WELSH, PETER  
4100 U.S. HIGHWAY #1 SOUTH  
EDGEWATER FL 32141**

10. Name and Address of New Registered Agent

81 Name

**Peter Welch**

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

**4100 U.S. Highway #1 South**

83

84 City

**Edgewater**

**FL**

85 Zip Code

**32141**

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

*Peter Welch*  
Signature, typed or printed name of registered agent and title if applicable.

**PETER WELCH**

(NOTE: Registered Agent signature required when reinstating)

**4/8/99**  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PD NEAGLE, C A**  
STREET ADDRESS **3044 BELLE MEADE LANE**  
CITY-ST-ZIP **EDGEWOOD KY**

TITLE ☐ DELETE  
NAME **VSD BROOKING, JOHN**  
STREET ADDRESS **233 CHAMBERS ROAD**  
CITY-ST-ZIP **WALTON KY**

TITLE ☒ DELETE  
NAME **T MCCLELLAN, BRENT**  
STREET ADDRESS **11905 FOXGATE WAY**  
CITY-ST-ZIP **LOVELAND OH**

TITLE ☐ DELETE  
NAME **CD MARTI, JEAN**  
STREET ADDRESS **D-47533 KLEVE**  
CITY-ST-ZIP **GERMANY**

TITLE ☒ DELETE  
NAME **D GROETSCHEL, WINFRID**  
STREET ADDRESS **D-47533 KLEVE**  
CITY-ST-ZIP **GERMANY**

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 **T Peter Welch**  
1.3 STREET ADDRESS **6194 Half Moon Dr.**  
1.4 CITY-ST-ZIP **Port Orange, FL 32127**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **D Harold Korth**  
2.3 STREET ADDRESS **D-47533 KLEVE**  
2.4 CITY-ST-ZIP **Germany**

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:

*C. Neagle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/99**  
Date

**904-424-0101**  
Daytime Phone #

CR2E034 (11/98)