

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90023 001 ***150.00

DOCUMENT # **G36033**

Corporation Name
K & S CONSULTANTS, INC.



Principal Place of Business
**175 S. LAKE REEDY BLVD.
FROSTPROOF FL 33843**

Mailing Address
**P O BOX 966
FROSTPROOF FL 33843
US**

DO NOT WRITE IN THIS SPACE

Principal Place of Business 175 S. Lake Reedy Blvd		2a. Mailing Address 26	3. Date Incorporated or Qualified 04/27/1983
Suite, Apt. #, etc.		Suite, Apt. #, etc.	4. FEI Number 59-2290722
City & State Frostproof, FL		City & State 27	5. Certificate of Status Desired <input type="checkbox"/> - \$8.75 Additional Fee Required
Zip 33843		Country 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 25 USA		Zip 29	Country 30
9. Name and Address of Current Registered Agent STRICKLAND, KEITH 2175 SOUTH LAKE REEDY BLVD FROSTPROOF FL 33843		10. Name and Address of New Registered Agent	

81 Name Patricia Strickland
82 Street Address (P.O. Box Number is Not Acceptable) 1959 S. Lake Reedy Blvd.
83
84 City Frostproof
85 Zip Code FL 33843

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.

NATURE **Signature, typed or printed name of registered agent and title if applicable.** **6/30/99**
Strickland, Keith M., PRESIDENT (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ADDRESS ZIP	DP STRICKLAND, KEITH M. 2175 S LAKE REEDY BLVD FROSTPROOF FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	DVPS STRICKLAND, PATRICIA 2175 S. LAKE REEDY BLVD. FROSTPROOF FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DPS Strickland, Patricia 1959 S. Lake Reedy Blvd. Frostproof, FL 33843 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	Strickland, Kevin Vice President 1959 S. Lake Reedy Blvd. Frostproof, FL 33843 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 stated 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 on the last page of the report or on an attachment with an address.

NATURE: **Signature, typed or printed name of signing officer or director** **6/30/99** **941-635-1200**
Strickland, Patricia Strickland, Pres. Date Daytime Phone #

CRZE034 (5/99)

S83765-90023-1

G36033

First Notice
of Annual Report
was not received
by us.

H. H. Stunkland

941-635-1200