

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
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90041 035 ***150.00

DOCUMENT # H23924

1. Corporation Name
KALYNDO, INC.

Principal Place of Business
4514 CHANDLER RD.
APOPKA FL 32712

Mailing Address
4514 CHANDLER RD.
APOPKA FL 32712



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/04/1984

4. FEI Number

59-2456634

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMPSON, KAROLYN C.
4514 CHANDLER RD.
APOKA FL 32712

81 Name KATHY S. SEARS

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

83 4514 CHANDLER RD

84 City APOPKA

FL

85

Zip Code 32712

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

Kathy S. Sears

KATHY S. SEARS ASST. SEC

DATE

4-28-99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPS ☐ DELETE
NAME SIMPSON, KAROLYN C.
STREET ADDRESS 4514 CHANDLER ROAD
CITY-ST-ZIP APOPKA FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DVT ☐ DELETE
NAME SIMPSON, DONALD G. JR.
STREET ADDRESS 4514 CHANDLER ROAD
CITY-ST-ZIP APOPKA FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE AT ☐ DELETE
NAME SIMPSON, DONALD G. III
STREET ADDRESS 4514 CHANDLER ROAD
CITY-ST-ZIP APOPKA FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE AS ☐ DELETE
NAME SEARS, KATHY SIMPSON
STREET ADDRESS 4514 CHANDLER ROAD
CITY-ST-ZIP APOPKA FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME SEARS, ANDREW J
STREET ADDRESS 4514 CHANDLER RD
CITY-ST-ZIP APOPKA FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

KATHY S. SEARS 4-28-99 407-886-3690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0084052