

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 20, 1999 8:00 am
Secretary of State

04-20-1999 90188 004 ***158.75

DOCUMENT # H71750

1. Corporation Name

KANE, SINGER, PLANCK, DONOGHUE, CLARK & MIXSON,
P.A.



Principal Place of Business

% THOMAS G. KANE
1329 BEDFORD DRIVE, STE. 1
MELBOURNE FL 32940
US

Mailing Address

% THOMAS G. KANE
1329 BEDFORD DRIVE, STE. 1
MELBOURNE FL 32940
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1985

4. FEI Number

59-2562499

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 40 Thomas G. Kane

Suite, Apt. #, etc.

22 2816 East Robinson St., Ste. #1

City & State

23 Orlando, FL

Zip

24 32803

Country

25 US

2a. Mailing Address

26 c/o Thomas G. Kane

Suite, Apt. #, etc.

27 2816 East Robinson St., Ste. One

City & State

28 ORLANDO, FL

Zip

29 32803

Country

30 US

9. Name and Address of Current Registered Agent

KANE, THOMAS G.
1329 BEDFORD DRIVE
SUITE ONE
MELBOURNE FL 32940

10. Name and Address of New Registered Agent

81 Name

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

2816 East Robinson Street

83 Suite One

84 City Orlando

FL

85 Zip Code 32803

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.

THOMAS G. KANE, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/99

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME KANE, THOMAS G.
STREET ADDRESS 1329 BEDFORD DRIVE, SUITE ONE
CITY-ST-ZIP MELBOURNE FL 32940

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
1.3 STREET ADDRESS 2816 East Robinson Street, Suite One
1.4 CITY-ST-ZIP ORLANDO, FL 32803

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas G. Kane 4/14/99

Date

407-898-9130

Daytime Phone #

CR2E034 (11/98)

0114657