

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
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90158 013 ***150.00

DOCUMENT # J01435

1. Corporation Name
KARR GROUP, INC.

NOTE: Change of address

Principal Place of Business

1634 S.E. 47 STREET
STE 4
CAPE CORAL FL 33904
US

Mailing Address

1634 S.E. 47 STREET
STE 4
CAPE CORAL FL 33904
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1986

4. FEI Number

59-2707609

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 2090 Hendry Street

Suite, Apt. #, etc.

2a. Mailing Address

26 2090 Hendry ST

Suite, Apt. #, etc.

City & State

23 FT MYERS FL

Zip Country

24 33901 25 USA

City & State

28 FT MYERS FL

Zip Country

29 33901 30 USA

9. Name and Address of Current Registered Agent

KARR, PATRICK K.
2063 SE 28TH ST
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

☐ DELETE

TITLE PD
NAME KARR, PATRICK K.
STREET ADDRESS 2063 SE 28 ST
CITY-ST-ZIP CAPE CORAL FL

☐ DELETE

TITLE STD
NAME KARR, CATHY T.
STREET ADDRESS 2063 SE 28 ST
CITY-ST-ZIP CAPE CORAL FL

☐ DELETE

TITLE VPD
NAME LICHTER, DOUGLAS
STREET ADDRESS 4515 EAST RIVERSIDE DRIVE
CITY-ST-ZIP FT. MYERS FL 33905

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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

1.4 CITY-ST-ZIP

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

8 MAR 99 4615333

Date

Daytime Phone #

CR2E034 (1/98)