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Jul 02 1998 8:00am
Secretary of State

***PROFIT CORPORATION ANNUAL REPORT 1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J 27810**

1. Corporation Name

K-BAR, INC.

Principal Place of Business

Mailing Address

**3633 CORTEZ RD UNIT B-4
BRADENTON, FL 34210**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/86

4. F.E.T. Number

59-2725448

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRANCIS B. LYDEN
3633 Cortez Rd # 604
Bradenton, FL 34210**

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 officer or director)

(Typed or Printed Agent Signature (required when appointing))

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **FRANCIS LYDEN, Pres** ☐ DELETE
NAME
STREET ADDRESS **1800 BEN FRANKLIN DR**
CITY-STATE-ZIP **SARASOTA, FL 34231 B-908**

TITLE **V. Pres. Secy** ☐ DELETE
NAME **KATHLEEN LYDEN**
STREET ADDRESS **1800 BEN FRANKLIN DR**
CITY-STATE-ZIP **SARASOTA, FL 34231 B-908**

TITLE **SARASOTA FCYLL** ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

14 TITLE

15 NAME

16 STREET ADDRESS

17 CITY-STATE-ZIP

18 TITLE

19 NAME

20 STREET ADDRESS

21 CITY-STATE-ZIP

22 TITLE

23 NAME

24 STREET ADDRESS

25 CITY-STATE-ZIP

26 TITLE

27 NAME

28 STREET ADDRESS

29 CITY-STATE-ZIP

30 TITLE

31 NAME

32 STREET ADDRESS

33 CITY-STATE-ZIP

34 TITLE

35 NAME

36 STREET ADDRESS

37 CITY-STATE-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) Florida Statutes. I further certify that the information indicated on this annual report or supplementary statement 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 person or persons authorized 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 corrected, with an address.

SIGNATURE:

Francis B. Lyden Francis B. Lyden 6/11/98 941-753-3758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAY MONTH YEAR

CR2E034 (10/97)