

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
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90095 026 ***150.00

DOCUMENT # J31205

1. Corporation Name

KALEP II OF ORANGE PARK, INC.

Principal Place of Business

233 EAST BAY STREET
SUITE 901, BLACKSTONE BLDG.
JACKSONVILLE FL 32202
US

Mailing Address

233 EAST BAY STREET
SUITE 901, BLACKSTONE BLDG.
JACKSONVILLE FL 32202
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1986

4. FEI Number

59-2738249

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 1930 SAN MARCO BLVD.

2a. Mailing Address

26 1930 SAN MARCO BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 201, St. Marks Place

27 Suite 201, St. Marks Place

City & State

City & State

23 Jacksonville, FL

28 Jacksonville, FL

Zip

Zip

24 32207

29 32207

Country

Country

25 U.S.A.

30 U.S.A.

9. Name and Address of Current Registered Agent

LEPRELL, SAMEUL L.
233 EAST BAY STREET
SUITE 901, BLACKSTONE BUILDING
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

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

1930 SAN MARCO BLVD

83

Suite 201, St. Marks Place

84

City Jacksonville, FL

85 Zip Code

32207

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

TITLE DPT ☐ DELETE
NAME LEPRELL, SAMUEL L.
STREET ADDRESS 233 E BAY ST STE 901
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE VPSD ☐ DELETE
NAME KLECHAK, DIANE D.
STREET ADDRESS 943 CESERY BLVD
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 Suite 201, 1930 SAN MARCO BLVD,
1.4 CITY-ST-ZIP Jacksonville, FL 32207

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 info empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)