

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90030 006 ***150.00

DOCUMENT # J47332

1. Corporation Name

KARL'S MOUNTAIN CORP.

Principal Place of Business

**5774 CORPORATION CIR
12670 NEW BRITANNY BLVD #101
FORT MYERS FL 33905
US**

Mailing Address

**% TRUMAN J. COSTELLO
12670 NEW BRITANNY BLVD #101
FORT MYERS FL 33907**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1986

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

59-2752366

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.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COSTELLO, TRUMAN J.
12670 NEW BRITANNY BLVD, SUITE 101
SUITE 103
FORT MYERS FL 33907**

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

TITLE **PD** ☐ DELETE

NAME **SEBASTIAN, KARL F.**
STREET ADDRESS **5774 CORPORATION CIR.**
CITY-ST-ZIP **FORT MYERS FL**

TITLE **SD** ☐ DELETE

NAME **SEBASTIAN, NINA MARIE**
STREET ADDRESS **5774 CORPORATION CIR.**
CITY-ST-ZIP **FORT MYERS 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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-99 1-828-6820015

Date

Daytime Phone #

CR2E034 (5/99)

J47332
594819-90030-6

Florida Department of State

July 19, 1999

Division of Corporations

Annual Report Filings

P.O. Box 1500

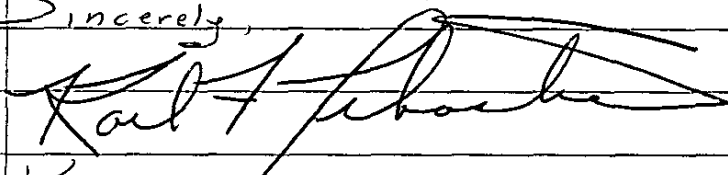
Tallahassee, FL 32302-1500

Re: FEI 59-2324809

Dear Sir or Madam,

As you can see from the attached Letter from my agent of record, he nor I received the original notice for filing. I am enclosing my signed form #J47332 and check #1563 for \$150.00. I trust that as neither my agent of record nor myself received the first notice, that you will find this satisfactory and I thank you in advance for your assistance.

Sincerely,



Karl F. Sebastian

100 Club Dr. Suite 36

Burnsville, NC 28714

J47332
596819-90030-6

COSTELLO, SIMS & ROYSTON

ATTORNEYS AT LAW

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

Voice (941) 939-2222 • Telefax (941) 939-2280

Truman J. Costello, P.A.

Board Certified Wills, Trusts and Estates Lawyer

L. David Sims, P.A.

Board Certified Marital and Family Law Lawyer,
Florida Supreme Court Certified Family Mediator

Robert D. Royston, Jr., P.A.

Florida Supreme Court Certified Circuit Mediator

Brittany Professional Centre

12670 New Brittany Blvd., Suite 101

Fort Myers, FL 33907

Mailing Address

Post Office Drawer 60205

Fort Myers, FL 33906-6205

July 1, 1999

Mr. and Mrs. Karl E. Sebastian

100 Club Drive, Suite 36

Burnsville, NC 28714

Re: Karl's Mountain Corp.

Dear Karl and Nina:

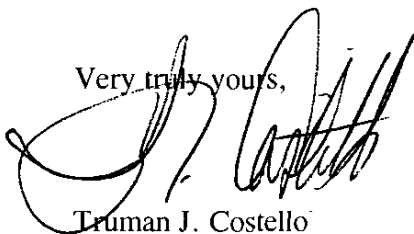
Enclosed please find the 2nd Notice of the 1999 Profit Corporation Annual Report which must be filed with the Florida Department of State regarding the above referenced corporation. Please note that the filing fee for this annual report is now \$550.00. Please be further advised that I never received the original notification for filing this annual report for your corporation.

I have enclosed for you a copy of a letter which I submitted on behalf of my corporation as I did not receive the original annual report which was to be filed before May 1, 1999. You may use this form of a letter when submitting the annual report in an attempt to have the \$400 late charge waived.

I apologize for the inconvenience this may have caused.

Should you have any questions please do not hesitate to contact me.

Very truly yours,



Truman J. Costello

TJC:kaj
Enclosure