## FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90043 041 \*\*\*150.00

## 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

## DOCUMENT # J69775 1. Corporation Name

JOHN KRAMER CORP.

Principal Place of Business  \$ JOHN KRAMER  \$ JOHN
404 PATRICIA AVE. DUNEDIN FL 34698  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 04/28/1987  2. Principal Place of Business 2a. Mailing Address 2b. Mot Applied For 59-2796782  Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2d. Suite, Apt. #, etc. 2d. City & State 2d. City & State 2d. City & State 2d. City & State 2d. Country 3d. This corporation owes the current year Intangible Personal Property Tax. 2d. Yes. No 2d. Name and Address of Current Registered Agent 3d. Name  KRAMFR. JOHN
DUNEDIN FL 34698  DUNEDIN FL 34698  DUNEDIN FL 34698  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 04/28/1987  4. FEI Number 59-2796782  Not Applied For Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Applied For 59-2796782  5. Certifcate of Status Desired Fee Required  Fee Required  6. Election Campaign Financing Trust Fund Contribution Added to Fees  Trust Fund Contribution Added to Fees  Added to Fees  Personal Property Tax.  Personal Property Ta
3. Date Incorporated or Qualifed 04/28/1987  2. Principal Place of Business 2a. Mailing Address 25 26 27 28 29 20 27 29 20 20 21 20 21 20 21 20 21 21 22 22 27 27 20 20 21 21 22 22 27 27 20 20 21 20 21 20 21 21 22 22 27 28 28 28 28 28 28 28 28 28 28 28 28 28
2. Principal Place of Business 2. Mailing Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. City & State 2. Country 2. Description owes the current year Intangible Personal Property Tax. 2. Personal Property Tax. 3. Name and Address of Current Registered Agent 3. Name 3. Name and Address of New Registered Agent 3. Name 3. Name Address of New Registered Agent 3. Name 4. FEI Number 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution Added to Fees 7. Not Applicate For 8. Not Applicate For 8. Not Applicate For 9. Not Applicate For
21 26 59-2796782 Not Applicate Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State Country Co
Suite, Apt. #, etc.  22  Suite, Apt. #, etc.  27  City & State  City & State  28  City & State  28  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Sign  Sig
22 City & State  City & State  City & State  City & State  28 City & State  29 Country  Zip  Country  Zip  Country  Zip  Country  St. Certifcate of Status Desired  Fee Required  \$5. Certifcate of Status Desired  Fee Required   \$5. Certifcate of Status Desired  Fee Required   \$5. Certifcate of Status Desired  Fee Required  St. Discription Of May Be  Trust Fund Contribution  Added to Fees  Personal Property Tax.  Yes No  Name and Address of New Registered Agent  St. Name
City & State  23  City & State  28  City & State  28  City & State  28  City & State  5. Election Campaign Financing Trust Fund Contribution  Added to Fees  7 Trust Fund Contribution  8. This corporation owes the current year Intangible Personal Property Tax. Yes No  9. Name and Address of Current Registered Agent  81  Name  KRAMFR JOHN
Zip   Country   Zip   Country   Sip   Si
Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes No.  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KRAMFR .IOHN
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  KRAMFR .IOHN
KRAMER .IOHN
KRAMER JOHN
NAMER, JUTIN
/ Street Address /P ( ) Roy Number is Not Acceptable)
404 PATRICIA AVE.
DUNEDIN FL 34698 83
84 City 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 registere 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 pnnted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PS DELETE 1.1 TITLE Change Add
NAME KRAMER, JOHN 12 NAME
STREET ADDRESS 404 PATRICIA AVE. 1.3 STREET ADDRESS
CITY-ST-ZIP DUNEDIN FL 1.4 CITY-ST-ZIP
TITLE DELETE 2.1 TITLE Change Add
NAME 2.2 NAME
STREET ADDRESS 2.3 STREET ADDRESS
CITY-ST-ZIP         2.4 CITY-ST-ZIP           TITLE         DELETE         3.1 TITLE         Change         Add
NAME 3.2 NAME
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TITLE         DELETE         4.1 TITLE         Change         Add           NAME         4.2 NAME         4.3 STREET ADDRESS         City-ST-ZIP         4.4 CITy-ST-ZIP         Change         Add           TITLE         DELETE         5.1 TITLE         Change         Add           NAME         5.2 NAME         Change         Add
TITLE         DELETE         4.1 TITLE         Change         Add           NAME         4.2 NAME         4.2 NAME         CTY-ST-ZIP         4.4 CITY-ST-ZIP         CTY-ST-ZIP         TITLE         DELETE         5.1 TITLE         Change         Add
TITLE         DELETE         4.1 TITLE         Change         Add           NAME         4.2 NAME         4.3 STREET ADDRESS         4.5 CITY-ST-ZIP         CTY-ST-ZIP         TITLE         DELETE         5.1 TITLE         Change         Add           NAME         5.2 NAME         5.2 NAME         STREET ADDRESS         5.3 STREET ADDRESS         CITY-ST-ZIP         Change         Add
TITLE         DELETE         4.1 TITLE         Change         Add           NAME         4.2 NAME         4.3 STREET ADDRESS         4.3 STREET ADDRESS         CITY-ST-ZIP         TITLE         DELETE         5.1 TITLE         Change         Add

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.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

CR2E034 (11/98)