**FILED** Feb 20, 1999 8:00 am

**Secretary of State** 

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## 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

DOC	JMENT	# K	02692

1. Corporation Name

KERR PROPERTY, INC.

Principal Place	of Business	Mailing Address					
8824 EASTHAVEN COURT 8824 EASTHAVEN COURT							
NEW PORT RICHEY FL 34655		NEW PORT RICHEY FL 34655		DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorporated or Qualifed		
					11/18/1987		
		La Marillia Addross			4. FEI Number	Appli	ied For
2. Principal Pla	ce of Business	2a. Mailing Address			59-2862016	Not A	Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	<del>-</del>		5. Certificate of Status Desired	\$8.75 Add Fee Requ	1
22		27			a 51 the Compaign Financing	\$5.00 M	tay Be
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	Added to	
Zip	Country	Zip	Country		This corporation owes the current year Ini     Personal Property Tax.	∐Yes L	<b>™</b> o
24	25		l		10. Name and Address of New Registered	Agent	
	9. Name and Address of Current	Registered Agent	81	Name			ļ
DEED	ALEVE		L_				
DEEB, ALEX R. 8824 EASTHAVEN COURT		82	Street Add	dress (P.O. Box Number is Not Acceptable)			
0024 NEW	PORT RICHEY FL 34655		83	<del>                                     </del>		-	
IAEAA	PORT MONET TE STOOS			ļ		85 Zip Co	ode
			84		Fl	_   - 1	
			the obey	o named col	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the apport	f changing its r	egistered
office or re agent. I ar	o the provisions of Section 307: egistered agent, or both, in the State on familiar with, and accept the obligat	ions of, Section 607.0505, Florida	statute:	S.			·
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	gistered Age	int signature requi	red when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition
TITLE	PD	☐ DELETE	1.1 TITLE				_
NAME	DEEB, ALEX R		1.2 NAME				
STREET ADDRESS	8824 EASTHAVEN CT.		1.3 STRE	ET ADDRESS			
1	NEW PORT RICHEY FL 34655		1.4 CITY-	ST-ZIP		Change	Addition
CITY-ST-ZIP TITLE	VD	☐ DELETE	2.1 TITLE			☐ Citalige	
NAME	DEMETREE, WILLIAM C		2.2 NAME		ويومياني والمراجع والمراجع والمنافع والمنافع والمراجع والم والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراج	<del></del>	and the second of
STREET ADDRESS	8824 EASTHAVEN CT.		2.3 STRE	ET ADDRESS			
	NEW PORT RICHEY FL 34655	_	2. 4 CITY	-ST-ZIP		Change	Addition
CITY-ST-ZIP	D	☐ DELETE	3.1 TITLE			□ cuai/As	L. (40,40)
NAME	DEMETREE, JACK C.		3.2 NAME				
'	COOM FACTURVEN CT		3.3 STRE	ET ADDRESS		•	
STREET ADDRESS	NEW PORT RICHEY FL 34655		3.4. CITY	-ST-ZIP		☐ Change	☐ Addition
CITY-ST-ZIP TITLE	VI	☐ DELETE	4.1 TITLE			Change	
1	DEEB, RICHARD G		4.2 NAM	E			
NAME	AND TARTINGNICT		4.3 STRE	ET ADDRESS			
STREET ADDRESS	NEW PORT RICHEY FL 34655		4.4 CITY	-ST-ZIP			☐ Addition
CITY-ST-ZIP	MEN CONTINUE LE 04000	— — — — — — — — — — — — — — — — — — —	6.4 7773 (		,	Change	☐ Addi@Dil

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 fustee 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 any attachment with an address, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

CARUSO, DOROTHEA R

**NEW PORT RICHEY FL 34655** 

8824 EASTHAVEN CT.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ DELETE

Change

☐ Addition