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Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90193 014 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K39134

1. Corporation Name

~~MICHAEL TODD, INC.~~ KIANDRA, INC.

Principal Place of Business

471 COUNTY ROAD 951  
NAPLES FL 34119  
US

Mailing Address

471 COUNTY ROAD 951  
NAPLES FL 33999  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1988

4. FEI Number

93-0986598

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 Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

34119

30

9. Name and Address of Current Registered Agent

NAGEL, CARL M.  
471 COUNTY ROAD 951  
NAPLES FL 33999

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

34119

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 DPVT ☐ DELETE

NAME NAGEL, CARL M.  
STREET ADDRESS 6564 RIDGEWOOD DRIVE  
CITY-ST-ZIP NAPLES FL 34108

TITLE D ☒ DELETE

NAME SCOTT, PRICE R.  
STREET ADDRESS 2823 THISTLE WAY  
CITY-ST-ZIP NAPLES FL 34105

TITLE V ☒ DELETE

NAME CHAMBERLAIN, ROGER S  
STREET ADDRESS 125 DORAL CIRCLE  
CITY-ST-ZIP NAPLES FL 34113

TITLE V ☒ DELETE

NAME PETRY, R. J.  
STREET ADDRESS 1323 11TH STREET NORTH  
CITY-ST-ZIP NAPLES FL 34102

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 325 LITTLE HARBOUR LANE  
1.4 CITY-ST-ZIP NAPLES, FL 34102

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS TRIPP, DEBORAH E.  
2.4 CITY-ST-ZIP 1365 CHESAPEAKE AVE., #11  
NAPLES, FL 34102

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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED President

4/13/99

(941) 455-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #