

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K49013** (1)

1. Corporation Name
KTL ENTERPRISES, INC.



Principal Place of Business: % GEORGE M. LILLEY, 2935 N GALLOWAY RD, LAKELAND FL 33809
Mailing Address: % GEORGE M. LILLEY, 2935 N GALLOWAY RD, LAKELAND FL 33809

3. Date Incorporated or Qualified: **11/29/1988**
3a. Date of Last Report: **04/17/1995**
4. FEI Number: **59-2919860**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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)

9. Name and Address of Current Registered Agent: LILLEY, GEORGE M., 2935 N GALLOWAY RD, LAKELAND FL 33809
10. Name and Address of New Registered Agent (81) Name (82) Street Address (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 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: *George M. Lilley* (Signature typed or printed name of registered agent and title if applicable.)
Date: **4-28-96** (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS
TITLE: PD, NAME: LILLEY, GEORGE M., STREET ADDRESS: 2935 N GALLOWAY RD, CITY-ST-ZIP: LAKELAND FL
TITLE: D, NAME: LILLEY, LILA B., STREET ADDRESS: 2935 N GALLOWAY RD, CITY-ST-ZIP: LAKELAND FL
[Empty rows with DELETE checkbox]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP
2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP
3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP
4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP
5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP
6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if at my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *George M. Lilley* (Signature typed or printed name of signing officer or director)
Date: **4-28-96** Daytime Phone: **941-858-1089**

CR2E034 (12/95)