

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90027 019 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # K92956

1. Corporation Name
GEORGE KAPLER HOMES, INC.

Principal Place of Business

2507 US #1 SOUTH
STE 7215
ST. AUGUSTINE FL 32086
US

Mailing Address

2507 US #1 SOUTH
STE 7215
ST. AUGUSTINE FL 32086
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1989

4. FEI Number

59-2966568

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 2801 N. Ninth St.

Suite, Apt. #, etc.

22 City & State

23 St. Augustine, FL

24 Zip 32095 25 Country USA

2a. Mailing Address

26 3501-B N. Ponce De Leon Blvd

Suite, Apt. #, etc.

27 Suite 367

City & State

28 St. Augustine, FL

29 Zip 32095 30 Country USA

9. Name and Address of Current Registered Agent

TRAYNOR, JOHN MICHAEL
28 CORDOVA AVE.
ST. AUGUSTINE FL 32084

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

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 DP
NAME KAPLER, GEORGE
STREET ADDRESS 2507 US 1 SOUTH
CITY-ST-ZIP ST. AUGUSTINE FL ☐ DELETE

TITLE DV
NAME KAPLER, ROBIN L.
STREET ADDRESS 2507 US 1 SOUTH
CITY-ST-ZIP ST. AUGUSTINE FL ☐ DELETE

TITLE ST
NAME KAPLER, ROBIN L.
STREET ADDRESS 2507 US 1 SOUTH
CITY-ST-ZIP ST. AUGUSTINE FL ☐ DELETE

TITLE V
NAME DUBOIS, NORMAN
STREET ADDRESS 15 BALLARD STREET
CITY-ST-ZIP ST. AUGUSTINE FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

3501-B N. Ponce De Leon Blvd. Ste 367
St. Augustine, FL 32095

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3501-B N. Ponce De Leon Blvd. Suite 367
St. Augustine, FL 32095

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

3501-B N. Ponce De Leon Blvd. Ste 367
St. Augustine, FL 32095

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 IKS empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-99

904 819-0360

CR2E034 (1/98)