

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L18336

(2)

1. Corporation Name

GREG KITE & ASSOCIATES, INC.

Principal Place of Business

PO BOX 616957
ORLANDO FL 32861-6957
US

Mailing Address

PO BOX 616957
ORLANDO FL 32861-6957
US

APPROVED
AND
FILED

97 JUL 17 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



3. Date Incorporated or Qualified

09/26/1989

3a. Date of Last Report

04/18/1996

2. Principal Place of Business

21 501 Main Street

Suite, Apt. #, etc.

22

City & State

23 Windermere, FL

Zip

24 34786

Country

25 USA

2a. Mailing Address

26 501 Main Street

Suite, Apt. #, etc.

27

City & State

28 Windermere, FL

Zip

29 34786

Country

30 USA

4. FEI Number

65-0143968

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

GASQUE, JAMES T.
1230 GLENWOOD AVE
1185 SUGARBELT DRIVE
ST. CLOUD FL 34771

2240 Spring Lake Circle
St Cloud, FL
34771

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 ☐ DELETE

NAME DPT
KITE, GREGORY F.
STREET ADDRESS 1857 LAKE GROVE LANE
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME DVS
KITE, JENNIFER L.
STREET ADDRESS 1857 LAKE GROVE LANE
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME GASQUE, JAMES T
STREET ADDRESS 1185 SUGARBELT DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 500002245585--6

1.3 STREET ADDRESS -07/23/97--01113--014

1.4 CITY-ST-ZIP ****165.00 ****165.00

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 2240 Spring Lake Circle

3.4 CITY-ST-ZIP St Cloud, FL 34771

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME DEANNA GASQUE

4.3 STREET ADDRESS 2240 Spring Lake Cir

4.4 CITY-ST-ZIP St Cloud, FL 34771

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 do 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.

SIGNATURE

CR2E034 (9/96)