

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

DOCUMENT # L29980

1. Corporation Name  
K & L DEVELOPMENT, INC.

Principal Place of Business

12489 CITATION RD  
LAND O'LAKES FL 34610  
US

Mailing Address

12489 CITATION RD  
BROOKSVILLE FL 34610

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90001 002 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1989

4. FEI Number

59-2120633

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.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 SPRING HILL FL

24 Zip 34610

25 Country USA

27 City & State

28 SPRING HILL FL

29 Zip 34610

30 Country USA

9. Name and Address of Current Registered Agent

NORMAN, KELLIE S.  
12489 CITATION RD  
BROOKSVILLE FL 34610

10. Name and Address of New Registered Agent

81 Name

HENRY O. STEPHENSON

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

6315 ADAMS STREET

83

BAECA STEPHENSON + BOSSARD P.A.

84

City New Port Richey

FL

85

Zip Code 34652

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

LAWRENCE L. NORMAN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4.25.99

DATE

12. OFFICERS AND DIRECTORS

TITLE DVST ☒ DELETE

NAME NORMAN, KELLIE S.  
STREET ADDRESS 12489 CITATION RD  
CITY-ST-ZIP LAND O'LAKES FL

TITLE DP ☐ DELETE

NAME NORMAN, LAWRENCE L.  
STREET ADDRESS 12489 CITATION RD  
CITY-ST-ZIP LAND O'LAKES 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

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

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

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 like empowered.

SIGNATURE:

LAWRENCE L. NORMAN

DATE

4.25.99

352-7979400

Daytime Phone #

CR2E034 (11/98)