

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

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

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

12/03/98

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/14/1989  
 4. FEI Number: 59-2120633  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing:  **\$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  
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27  
 City & State: 23 **SPRING HILL FL** 28  
 Zip: 24 **34610** Country: 25 **USA** 29 Zip: **34610** Country: 30 **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: **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** DATE: **4.25.99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DVST</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NORMAN, KELLIE S.</b>	1.2 NAME	
STREET ADDRESS	<b>12489 CITATION RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAND O'LAKES FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NORMAN, LAWRENCE L.</b>	2.2 NAME	<b>NORMAN LAWRENCE L.</b>
STREET ADDRESS	<b>12489 CITATION RD</b>	2.3 STREET ADDRESS	<b>12489 CITATION RD</b>
CITY-ST-ZIP	<b>LAND O'LAKES FL</b>	2.4 CITY-ST-ZIP	<b>SPRING HILL FL 34610</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **LAWRENCE L. NORMAN** DATE: **4.25.99** Daytime Phone #: **352-7979400**

CR2E034 (11/98)