Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90280 037 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L51903

1. Corporation Name

CITY-ST-ZIP

KENNETH H. BILLBURG & ASSOCIATES, INC.

Principal Place	e of Business	Mailing Address						
4430 ORCHID BLVD.								
5249 TIFFANY COURT 5249 TIFFANY COURT					DO NOT WRITE IN THIS SPACE			
-	CAPE CORAL FL 33904 CAPE CORAL FL 33904				3. Date Incorporated or Qualifed			
US					02/22/1990			
2 Odeninal Di	of Dusings	2a. Mailing Address			4. FEI Number	Apr	lied For	
— · · · · · · · · · · · · · · · · · · ·					65-0185553	++	Applicable	
21 Suite Ant	# ata	26 Suite, Apt. #, etc.	Suito Ant # etc			8.75 A		
Suite, Apt. #, etc.					5. Certificate of Status Desired	Fee Required		
City & State		City & State			6. Election Campaign Financing	\$5 00 ·	In Go	
<del></del>		28			Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Cour try	Zip	Country		This corporation owes the current year intanging			
· · · · · · · · · · · · · · · · · · ·	25	29 3	_ `		· · · · · · · · · · · · · · · · · · ·		□No	
24	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Age	nt		
	3. Haine and Address of Guite	III Itagiatoi da Itagia	81	Name				
BILLBURG, PAMELA S.			_	<u></u>				
	TIFFANY COURT		82	Street A	Acdress (P.O. Box Number is Not Acceptable)			
CAPE CORAL FL 33904			83	<del> </del>				
			84	City	FI 8	5 Zip C	ode	
11 Pureuant	to the provisions of Scrtions 607 050	22 and 607 1508 Florida Statutes	the abov	e-named e	corporation submits this statement for the purpose of cha	nging its r	egistered	
office cra	egistered agent, or bo h, in the State m familiar with, and accept the obliga	∈cf Florida. Such change was ∺ut	norized by	tne corpo	oration's board of cirectors. I hereby accept the appointment	ent as reg	stered	
SIGNATURE					agu rad when reinstating) DATE			
			egistered Age	nt signature re	equired when reinstating)  ADDITICINS/CHANGES TO OFFICERS / ND D	IRFCTO	S IN 12	
12.	DP OFFICERS AF	DELETE	1.1 TITLE			Change	Addition	
TITLE		- Dette ie	1			, <b>3</b>		
NAME	BILLBURG, PAMELA S.		12 NAME					
STREET ADDRE 3S	5249 TIFFANY COURT			TADDRESS				
CiTY-ST-ZIP	CAPE CORAL FL	- DELETE	1.4 CITY-S	ST-ZIP		Change	Addition	
LILLE	V	☐ DELETE	2.1 TITLE			Change		
NAME	KENNETH H. BILLBURG JR		2.2 NAME	ľ			ì	
STREET ADDRE 3S	1 00 10 011 111111			TADDRESS				
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		Change	Addition	
TITLE		☐ DELETE	3.1 TITLE			) Change		
NAME			3.2 NAME	i				
STREET ADDRESS			3.3 STREE	TADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		) Char	A	
TITLE		☐ DELETE	41 TITLE		_	) Change	☐ Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			] Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	TADDRESS				
CITY-ST-ZIP			5 4 CITY-	ST-ZIP				
TITLE	☐ DELETE 61		61 TITLE			Change	☐ Addition	
NAME			6.2 NAME	Ì			ļ	
STREET ADDRESS			6.3 STREE	TADDRESS				

14. I hereby certify that the information supplied with this filing does not qualify to 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 receivar 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: