

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 # L62384

1. Corporation Name  
KMD EXECUTIVES, INC.

Principal Place of Business

C/O REALTY EXECUTIVES  
4020 PARK ST NORTH STE 101  
ST. PETERSBURG FL 33709  
US

Mailing Address

C/O REALTY EXECUTIVES  
4020 PARK ST NORTH STE 101  
ST. PETERSBURG FL 33709  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

QUINTY, KATHY  
C/O REALTY EXECUTIVES  
4020 PARK ST NORTH STE 101  
ST. PETERSBURG FL 33709

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1990

4. FEI Number

59-3004427

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

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 VP ☐ DELETE

NAME HAGERMAN, LEWIS  
STREET ADDRESS 1040 56 AVE SO  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE VP ☐ DELETE

NAME IVERS, PATRICIA  
STREET ADDRESS 6287 92 PL N #2701  
CITY-ST-ZIP PINELLAS PARK FL

TITLE VP ☐ DELETE

NAME MCCABE, KATHLEEN  
STREET ADDRESS 1675 MANOR WAY S  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE VP ☐ DELETE

NAME GLASSMAN, GAY  
STREET ADDRESS 5455 4TH ST N  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE VP ☐ DELETE

NAME CASON, VERONICA  
STREET ADDRESS 8086 12TH AVE S  
CITY-ST-ZIP ST PETERSBURG FL 33707

TITLE VP ☐ DELETE

NAME WALLACE, ELIZABETH  
STREET ADDRESS 9150 BLIND PASS RD #206  
CITY-ST-ZIP ST PETE BCH FL 33706

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☐ Change ☒ Addition

1.2 NAME Jeanne Weingart  
1.3 STREET ADDRESS 10256 106 Terr N  
1.4 CITY-ST-ZIP Seminole FL

2.1 TITLE VP ☐ Change ☒ Addition

2.2 NAME Nigal Watson  
2.3 STREET ADDRESS 9744 Lake Seminole Dr.  
2.4 CITY-ST-ZIP Largo FL

3.1 TITLE VP ☐ Change ☒ Addition

3.2 NAME David Dafnis  
3.3 STREET ADDRESS 323 7 AVE N  
3.4 CITY-ST-ZIP Tierra Verde

4.1 TITLE VP ☐ Change ☒ Addition

4.2 NAME Tom Anderson  
4.3 STREET ADDRESS 9429 122nd AVE N  
4.4 CITY-ST-ZIP Seminole FL

5.1 TITLE VP ☐ Change ☒ Addition

5.2 NAME Larry Meadows  
5.3 STREET ADDRESS 106 1 St E #316  
5.4 CITY-ST-ZIP Tierra Verde, FL

6.1 TITLE VP ☐ Change ☒ Addition

6.2 NAME Gerald Sigler  
6.3 STREET ADDRESS 8129 Bayhaven Dr  
6.4 CITY-ST-ZIP Seminole FL

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 by an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 24, 1999 8:00 am  
Secretary of State

03-24-1999 90065 047 \*\*\*150.00



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3/10/99 347-1000

VP/DIR

Michael Davis

8390 39th Ave N

St. Pete, FL 33710

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