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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

MENT # L98725

(9)

DOCUMENT #
1. Corporation Name
K.L. BRENDLE, INC.

THE DIETOLLI MAN

5334 SUNSET	Business							
NEW PORT RI	ROAD ICHEY FL 34652	1152 56TH AVE NO ST PETERSBURG FL US	L 33703					
US		00			3. Date Incorporated or Qualified 08/23/1990	3a. Date	4/25/19	95 ¹
O Dississi Disse	of Business	2a. Mailing Address			4. FEI Number	1	A	pplied For
 Principal Place 	9 Of Business	26			4. FEI Number 65-02 17257		N	ot Applicable
Suite, Apt. #, e	oto	Suite, Apt. #, etc.			E. O. Afficato of Status Desired	$\overline{\Box}$	\$8.75	Additional
2	610.	27			5. Certificate of Status Desired		Fee R	equired
City & State		City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
7.0	Country	Zip	Countr	·	8. This corporation has liability for	intangible ta:	x under s	199.032,
Zıp 4	25	29	30	•		□ No		
4	9. Name and Address of Curr				10. Name and Address of New F	Registered #	Agent	
			8	1 Name				
BRENDL	e, keith		8	2 Stroot Addr	ress (P.O. Box Number is Not Acceptab	ole)		
	INSET RD		10	2 Street Addir	1655 (F.O. BOX HUMBON IS NOT POSSIBLE	,,,,		
NEW PORT RICHEY FL 34652			8	3				
112.1.1.0			_				Jac 1 7.0	Code
			8	4 City		FL	85 Zip	Code
	Mariana 607 05	00 and 607 1509 Florida Statu	ites the above	-named corpor	oration submits this statement for the pu	mose of cha	inging its re	gistered office
or registered familiar with,	agent, or both, in the State of his , and accept the obligations of, Se	ection 607,0505, Florida Statute	98.	portation o boo	ard of directors. I hereby accept the app		•	
SIGNATURE	gnature, typed or printed name of registered ac	300 to 000 to 00	NOTE: Registered Ac	pont signature require	ed when reinstating	DATE	DIRECTO	2S IN 12
SIGNATURE	OFFICERS /	AND DIRECTORS	NOTE: Flogislered Ac		ed when retristating! ADDITIONS/CHANGES TO OFF	ICERS AND		
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 unde 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: Survey of PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SB SYF 860T