

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90126 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **M70468**

1. Corporation Name
KBL REALTY, INC.

Principal Place of Business
 711 N. SHERRILL STREET
 TAMPA FL 33609
 US

Mailing Address
 711 N. SHERRILL STREET
 TAMPA FL 33609
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/03/1988

4. FEI Number **59-2880943** 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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JESSE L. MASSINGILL
 711 N. SHERRILL STREET
 TAMPA FL ~~33607~~ **33609**

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code **33609**

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 *Jesse L. Massingill*

(NOTE: Registered Agent signature required when reinstating)

DATE

5/29/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CDT	<input type="checkbox"/> DELETE
NAME	MASSINGILL, JESSE L	
STREET ADDRESS	3030 NO ROCKY PR DR W 560	
CITY-ST-ZIP	TAMPA FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MASSINGILL, VALERIE A.	
STREET ADDRESS	3030 N. ROCKY PT. DR. WEST., #560	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ANDRETTA, EVELYNE	
STREET ADDRESS	3030 N. ROCKY PT. DR. WEST., #560	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FRANC, JAMES	
STREET ADDRESS	3030 N. ROCKY PT. DR. WEST., #560	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BACH, WILLIAM E	
STREET ADDRESS	3030 N ROCKY PT. DR. W. #560	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	CPDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MASSINGILL, Jesse L.	
1.3 STREET ADDRESS	711 No Sherrill street	
1.4 CITY-ST-ZIP	TAMPA, FL 33609	
2.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MASSINGILL, Valerie A	
2.3 STREET ADDRESS	711 No Sherrill street	
2.4 CITY-ST-ZIP	TAMPA, FL 33609	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BACH, WILLIAM E	
5.3 STREET ADDRESS	711 No Sherrill street	
5.4 CITY-ST-ZIP	TAMPA, FL 33609	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Jesse L. Massingill* **Jesse L. Massingill** **5/29/99** **813-885-5656**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)