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FILED

Mar 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M75904 (6)

1. Corporation Name  
KAY'S ENTERPRISES, INC.



Principal Place of Business

% CATHERINE PETTS  
193 CHISHOLM TR.  
NORTH FT. MYERS FL 33917

Mailing Address

% CATHERINE PETTS  
193 CHISHOLM TR.  
NORTH FT. MYERS FL 33917-3094

2. Principal Place of Business

21 State, 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

3. Date Incorporated or Qualified

04/08/1988

3a. Date of Last Report

06/19/1996

4. FEI Number

65-0047944

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PETTS, CATHERINE  
193 CHISHOLM TR.  
NORTH FT. MYERS FL 33917

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 of person who is authorized to sign and file this report

(NOTE: Registered Agent Signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

12.1	NAME	DELET
12.2	STREET ADDRESS	
12.3	CITY-STATE-ZIP	
12.4	NAME	DELET
12.5	STREET ADDRESS	
12.6	CITY-STATE-ZIP	
12.7	NAME	DELET
12.8	STREET ADDRESS	
12.9	CITY-STATE-ZIP	
12.10	NAME	DELET
12.11	STREET ADDRESS	
12.12	CITY-STATE-ZIP	
12.13	NAME	DELET
12.14	STREET ADDRESS	
12.15	CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	NAME	Change	Addition
13.2	STREET ADDRESS		
13.3	CITY-STATE-ZIP		
13.4	NAME	Change	Addition
13.5	STREET ADDRESS		
13.6	CITY-STATE-ZIP		
13.7	NAME	Change	Addition
13.8	STREET ADDRESS		
13.9	CITY-STATE-ZIP		
13.10	NAME	Change	Addition
13.11	STREET ADDRESS		
13.12	CITY-STATE-ZIP		
13.13	NAME	Change	Addition
13.14	STREET ADDRESS		
13.15	CITY-STATE-ZIP		

14. I do 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 provided 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.

SIGNATURE:

CATHERINE PETTS

3/8/97

941-543-4892

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)