

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra D. Morlham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 20 1998 8:00am
Secretary of State

DOCUMENT # M75904

Corporation Name

KAY'S ENTERPRISES, INC

Principal Place of Business

Mailing Address

198 CHISHOLM TR
N. F. MYERS, FL 33917

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4-8-88

4. FEI Number

65-0047944

Applied For

That 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 or has paid the current year delinquent
Personal Property Tax due June 30

☒ Yes ☐ No

10. Name and Address of Now Registered Agent

Principal Place of Business

26. Mailing Address

26. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

27. City & State

27. City & State

28. Zip

Country

28. Zip

Country

9. Name and Address of Current Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

CATHARINE POTTIS
198 CHISHOLM TR
N. F. MYERS, FL 33917

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 representative agent and title of applicant)

(Block 12 or Block 13 of Agent corporation accepted and is not subject to change)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

1. NAME

2. STREET ADDRESS

3. CITY-STATE-ZIP

4. TITLE

5. NAME

6. STREET ADDRESS

7. CITY-STATE-ZIP

8. TITLE

9. NAME

10. STREET ADDRESS

11. CITY-STATE-ZIP

12. TITLE

13. NAME

14. STREET ADDRESS

15. CITY-STATE-ZIP

16. TITLE

17. NAME

18. STREET ADDRESS

19. CITY-STATE-ZIP

20. TITLE

21. NAME

22. STREET ADDRESS

23. CITY-STATE-ZIP

24. TITLE

25. NAME

26. STREET ADDRESS

27. CITY-STATE-ZIP

28. TITLE

29. NAME

30. STREET ADDRESS

31. CITY-STATE-ZIP

32. TITLE

33. NAME

34. STREET ADDRESS

13.

1. NAME

2. STREET ADDRESS

3. CITY-STATE-ZIP

4. TITLE

5. NAME

6. STREET ADDRESS

7. CITY-STATE-ZIP

8. TITLE

9. NAME

10. STREET ADDRESS

11. CITY-STATE-ZIP

12. TITLE

13. NAME

14. STREET ADDRESS

15. CITY-STATE-ZIP

16. TITLE

17. NAME

18. STREET ADDRESS

19. CITY-STATE-ZIP

20. TITLE

21. NAME

22. STREET ADDRESS

23. CITY-STATE-ZIP

24. TITLE

25. NAME

26. STREET ADDRESS

27. CITY-STATE-ZIP

28. TITLE

29. NAME

30. STREET ADDRESS

31. CITY-STATE-ZIP

32. TITLE

33. NAME

34. STREET ADDRESS

35. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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CR2E034 (1097)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), 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 602, Florida Statutes, and that my duties as president (Block 12 or Block 13 if elected) or as an officer with an address:

SIGNATURE:

William A. Mahan Pres

4/29/98

0420631