FILE NOW: FILING FEE IS \$61.25

Mailing Address

NONPROFIT **CORPORATION** ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N9400003694 (6) DOCUMENT #

KYLE WHITLEY BENEFIT, INC.

| 1 AARA 5111 AARA | | | | | | i i | | | | |
|--|---|-----------------------------------|---|--------------------|-----------------|--|--------|---------|----------------|--|
| 1950 MILLER S SUITE 5 | ST. | 1950 MILLER ST. Suite 5 | | | | 3. Date Incorporated or Qualified | | | | |
| ORANGE PARK | (FL 32073 | | ORANGE PARK FL 32073 | | | 07/20/1994 | | | | |
| | | | | | | 4. FEI Number | | A | pplied For | |
| | | | | | | 59-3221202 | | N | lot Applicable | |
| | Place of Business | 2a. Mailing Address | | | | 5. Certificate of Status Desired | \$8 | .75 | Additional | |
| 21 | | 26 | | | | or obtained of states bearing | F | ee R | Required | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 6. Election Campaign Financing | \$5 | .00 | May Be | |
| 22 | | 27 | | | | Trust Fund Contribution | | | to Fees | |
| City & Stat | e | City & State | | | | 7. Is this nonprofit corporation a homeowners association? | | | | |
| 23 | 28 | | | | | ☐ Yes [| □ No | | | |
| Zip | Country | Zip | Coun | ntry | | 8. This corporation owes or has paid the cur | rent y | ear In | ntangible | |
| 24 | 25 29 30 | | 30 | | | Personal Property Tax due June 30. Yes No | | | | |
| | 9. Name and Address of Curre | nt Registered Agent | | | | Name and Address of New Registered | Agent | | | |
| | | | | 61 | Name | | | | | |
| TOUSEY, CLAY B JR. | | | H | 82 Street Ad | | ddress (P.O. Box Number is Not Acceptable) | | | | |
| | DEPENDENT DR. | | 30 30 A | | | duress (1.0. box Nortiber is Not Acceptable) | | | | |
| SUITE 2 | | | | B 3 | | | | | | |
| JACKSC | ONVILLE FL 32202 | | Ļ | _ | | | | | | |
| | | |], | 64 | City | FL | 85 | Zip | Code | |
| 11. Pursuant | to the provisions of Sections 617,050 | 02 and 617.1508. Florida Statut | es. the ab | ove | -named c | corporation submits this statement for the purpose of | chen | alna i | its registered | |
| office or s | registered agent, or both, in the State | of Florida. Such change was a | authorized | by | the corpo | corporation submits this statement for the purpose of oration's board of directors. I hereby accept the app | ointmo | ent as | s registered | |
| | ini lanililar with, and accept the oblig | pations of, Section 617.0503, Fit | orida Statu | 105 | • | | | | | |
| SIGNATURE . | Signature, typed or printed name of registered ag | ent and title if applicable (NOT | F: Booletared | Acar | nt eignature re | equired when reinstating) DATE | | | | |
| 12. | | | 13. | - Col | in signature to | ADDITIONS/CHANGES TO OFFICERS AND | DIRE | CTO | RS IN 12 | |
| TITLE | PD | DELETE | 1,1 1(1) | F | | ADDITIONA OF THE AND AND | C | | Addition | |
| NAME | DASHER, C.W. | | 1.2 NAN | | | | v. | ion go | | |
| STREET ADDRESS | 1950 MILLER ST., SUITE 5 | | 1 | | 4655500 | | | | | |
| | ORANGE PARK FL 32073 | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | VD | DELETE | 1.4 C/T1 2.1 T/TL | | I-ZIP | | | | Addition | |
| | MINCHEW, HUGH | C DELETE | • | | | | L.J (1 | range | L Addition | |
| NAME | 1950 MILLER ST., SUITE 5 | | 2.2 NAA | | i | • • • • • • • • • • • • • • • • • • • | | | | |
| STREET ADDRESS | | | 2.3 STR | EET / | ADDRESS | | | | | |
| CITY-ST-ZIP | ORANGE PARK FL 32073 | | 2. 4 CiT | _ | T-ZIP | · | | | | |
| TITLE | VD | DELETE | 3.1 TIT), | E. | - 1 | | | nange | ☐ Addition | |
| NAME | JOHNS, DENNIS | | 3.2 NAA | ΝĒ | | | | | | |
| STREET ADDRESS | 1950 MILLER ST., SUITE 5 | | 3.3 STR | EET / | ADDRESS | | | | | |
| CITY-ST-ZIP | ORANGE PARK FL 32073 | | 3.4. CIT | Y-51 | T-ZIP | | | | | |
| TITLE | TD | ☐ DELETE | 4.1 TITU | E | | | | nange | Addition | |
| NAME | HATCHER, SHIRLEY | | 4.2 NA | ME | | | | | | |
| STREET ADDRESS | 1950 MILLER ST., SUITE 5 | | 4.3 STR | EET / | ADDRESS | | | | | |
| CITY-ST-ZIP | ORANGE PARK FL 32073 | | 4.4 CITY | Y-ST | T-ZIP | | | | | |
| TITLE | | DELETE | 5.1 TITL | | | | Cr | nange | Addition | |
| NAME | | | 5.2 NAME | | İ | | | - | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | • | | | | | | | |
| TITLE | | ☐ DELETE | 5.4 CITY-5 6.1 TITLE | | 1- TIL | | □ cr | hanna | Addition | |
| NAME | | CT PEFFIF | 6.2 NAN | | | | | an i Na | Adviction | |
| STREET ADDRESS | | | 1 | | Annesee | | | | | |
| I SINCELAURINESS I | | | # 63 STR | | ADDRESS I | | | | | |

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

FILED

Mar 11 1998 8:00am

Secretary of State