Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90006 005 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # P34362**

1. Corporation Name  KAHLMEYER BROTHERS, INC.				
NAULIVIE	TER DROTHERS, INC.			I CRANIARA CHA TIVIN RETRON RICEN TIVIN DI ATONI
Principal Place of Business Mailing Address				1 (Salidan rae (till alles little attill artis attill artis attill artis attill artis attill artis attill artis
924 PIERCE ST 924 PIERCE ST				
CLEARWATER FL 34616 CLEARWATER FL 34616				DO NOT WRITE IN THIS SPACE
				3. Date incorporated or Qualifed
				06/18/1991
2. Principal Place of Business 2a. Mailing Address		2a. Mailing Address		4. FEI Number Applied For
21 26		26		43-6040781 Not Applicable
		Suite, Apt. #, etc.		5. Certificate of Status Desired . \$8.75 Additional
22 27			Fee Required	
City & State City & State		_	6. Election Campaign Financing \$5.00 May Be	
23		28	Country	Trust Fund Contribution Added to Fees
Zip	Country	Zip 29 3	Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
24	9. Name and Address of Current			10. Name and Address of New Registered Agent
9. Name				
KAHLMEYER, JEFFREY C			99 84-2	t Address (P.O. Box Number is Not Acceptable)
558 OLD OAK CIRCLE			82 Stree	t Address (P.O. Box Number is Not Acceptable)
PALM HARBOR FL 34683			83	
			84 City	85 Zip Code
				<b>FL</b> [ ]
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the above-name	d corporation submits this statement for the purpose of changing its registered
office or re agent. I as	egistered agent, or both, in the State on familiar with, and accept the obligati	of Florida. Such change was autions of, Section 607.0505, Florid	norized by the cor la Statutes.	poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	, ,			
	Signature, typed or printed name of registered agent			a required when reinstating)  DATE  DATE
12.	OFFICERS AND	D DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD Kahlmeyer, James C.	CR DETEIC		KAHLMEYER, JAMES C.  1560 GULF BLUD # 1001  CLEARWATER FL 33767
NAME	1270 GULF BLVD #1201 / 560	Bull Blux	1.2 NAME	KAMEMOTER, SAME # 1001
STREET ADDRESS	CLEARWATER FL	ETOT TOLVA	1.3 STREET ADDRES	7560 GULF BLUD
CITY-ST-ZIP	VD .	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition
NAME	KAHLMEYÈR, CHRISTOPHER J	<u> </u>	2.2 NAME	_ , _
STREET ADDRESS	4216 SAN LUIS		2.3 STREET ADDRES	s
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KAHLMEYER, JEFFREY C.		3.2 NAME	
STREET ADDRESS	558 OLD OAK CIR		3.3 STREET ADDRES	s
CITY-ST-ZIP	PALM HARBOR FL		3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4, 2 NAME	
STREET ADDRESS			4.3 STREET ADDRES	s
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ D€LETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	,

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 chapter 607, or on an attachment with an address, with all other like empowered.

53 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

**SIGNATURE** 

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

Addition