

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 # P93000049772

1. Corporation Name

KLECKNER ENTERPRISES, INCORPORATED

Principal Place of Business

3591 W. GULF TO LAKES HWY.
LECANTO FL 34461

Mailing Address

P.O. BOX 189
LECANTO FL 34460
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1993

4. FEI Number

23-1947261

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

9. Name and Address of Current Registered Agent

KLECKNER, WILLARD R
3591 W. GULF TO LAKES HWY.
LECANTO FL 34461

10. Name and Address of New Registered Agent

81 Name Willard R. Kleckner
82 Street Address (P.O. Box Number is Not Acceptable)
248 W National St.
83 City
84 City Hernando FL 85 Zip Code 34442

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

Willard R. Kleckner
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/17/99
DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
|-------|---------------------|-------------------|-------------|---------------------------------|
| PCEO | KLECKNER, WILLARD R | 248 W NATIONAL ST | HERNANDO FL | |
| | | | | <input type="checkbox"/> DELETE |
| | | | | <input type="checkbox"/> DELETE |
| | | | | <input type="checkbox"/> DELETE |
| | | | | <input type="checkbox"/> DELETE |
| | | | | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-----------|----------|--------------------|-----------------|---|
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

Willard R. Kleckner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/99
Date

352-746-0600
Daytime Phone #

CR2E034 (11/98)