## 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 #** P93000063005 1. Corporation Name

KOHL & SPOTTS, P.A.

## **FILED** Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90052 018 \*\*\*150.00

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Principal Flace of Business		Mailing Address					/ <b>/ (((()))</b>	ARNI <b>arra</b> arii k	11
50 SE KINDRED ST. SUITE 107 STUART FL 34994		50 se kindred St. Suite 107 Stuart Fl. 34994		DO NOT WRITE IN THIS SPACE					
					3. Date incorporated or Qualife	1	3 SFACE	<del></del>	
2. Princip.	al Place of Business	20 Maille A L			09/09/1993	,			
21		2a. Mailing Address 26 PO Box 1166			4. FEI Number			Applied For	(
Suite, Apt. #, etc.		Suite, Apt. #, etc.			<del>65-0</del> 435797		<b>├</b> ─-	No: Applicab	
City & State		27					5 Additional Required		
23 Zip	Country	City & State  28 Stuart	_P/	orida	6. Election Campaign Financing Trust Fund Contribution		\$5.0	O May Be	-
24		29 34995	Co.	entry	This corporation owes the cur     Personal Property Tax.	ent year In	tangible	d to Fees	-
	9. Name and Address of Curren	Registered Agent			10. Name and Address of New		☐ Yes	No	
KO	)HL, N D JR			81 Name	ZNA Address of New I	cegistered	Agent		
50 SE KINDRED ST.				82 Street Add	(1)				-
SUITE 107				Street Atig	ress (P.O. Bo): Number is Not Accepte	ible)			7
STUART FL 34994				83					-1
			ļ	84 City					- }
11. Pursuan	It to the provisions of Sunting 207 One			•,			85 Zip	Code	-
office or	nt to the provisions of Scretions 607.0502 registered agent, or both, in the State c am familiar with, and accept the obligation	and 607.1508, Florida Statute	s, the at	ove-named cc rp	pration submits this statement for the				
ayent. I	am ramiliar with, and accept the obligation	ons of, Section 607.0505, Flori	ilnorized ida Statu	by the corporation tes.	n's board of directors. I hereby accep	the appoir	enanging its itment as re	s registered ea stered	
SIGNATURE	Signature, typed or printed na ne of registered agent a	<del></del>						9	1
12.	OFFICERS AND	and title if applicable (NOT : )	Registered /	gent signature reçi ired	when reinstating)	DATE			1
TITLE	PD	□ DELETE	13.		ADDITIONS/CHANGES TO OFF	ICERS ANI	D DIRECTO	DEIS IN 12	ને જૂ
NAME	KOHL, N. D JR.	C Defete	1.1 TITL				Change	Addition	(11/98
STREET ADDRESS	50 SE KINDRED ST, SUITE 107	ST. SUITE 107		ΙE					=
CITY-ST-ZIP	STUART FL		1.3 STREET ADDRESS						8
TITLE	VPT	☐ DELETE		-ST-ZIP					CR2E034
NAME	SPOTTS, MICHAEL K	☐ p¢reie	2.1 TITU				Change	Addition	-
STREET ADDRESS	50 SE KINDRED ST., SUITE 107		2.2 NAM	<b> </b>					} `
ÎTY-ST-ZIP	STUART FL		2.3 STRE	ET ADDRESS					
TILE		☐ DELETE	2. 4 CITY						
IAME			3 1 TITLE	1			Change	Addition	
TREET ADDRESS		ı	3.2 NAME					doi:0011	
TY-ST-ZIP			3.3 STRE	ET ADORESS					
MLE T		☐ DELETE	34 CITY-	ST-ZIP					ı
ÅME		C DELL'E	41 TITLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition	
REET ADDRESS			4. 2 NAME	- f					
TY-ST-ZIP				TADORESS				Ì	
TLE		☐ DELETE	4.4 CITY-5	T-ZIP				1	
ME		C DELETE	5.1 TITLE	ļ			Change	Addition	
REET ADDRES 3			5.2 NAME			_	•		1
Y-ST-ZIP				TADDRESS				1	
LE	<u> </u>	DELETE	5.4 CITY-S 6.1 TITLE	T- ZIP				1	-
ME				1			Change	Addition	
REET ADDRES		j i	62 NAME			_	•		-
Y-ST-ZIP			6.3 STREET					ļ	1
. I hereby cer	tify that the information area!	<del></del>	6.4 CITY- \$3	-ZIP				J	Ξ

1. hereby certify that the information supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further ce tify that the information indicated on this annual report or suppliementar a qual eport is true and accurate and that my signature shall have the same legal effect as if made uncer oath; that I am an ellock 12 or Block 13 if changed, if on an attackin-ells with an address, with all other like employment.

SIGNATURE: