FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 ... 1 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000071079 (6)**

1. Corporate Name

THE 1099 GROUP, INC.

NEW ADDRESS: THE 1099 Group, Inc.
HAROLD L. KITE
512 N. LAKE LULU DRIVE
WINTER HAVEN, FL 33880

Principal Place of Business
5250 DUNDEE ROAD
WINTER HAVEN FL 33884
US

Mailing Address
5250 DUNDEE ROAD
WINTER HAVEN FL 33884
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/05/1993**
3a. Date of Last Report: **06/29/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt # etc. — 22
Suite Apt # etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25 Zip — 29 Country — 30

4. FEI Number: **59-3250585** — 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 has activity for intangible tax under Ch. 199 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KITE, HAROLD L.
5250 DUNDEE ROAD
WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS

NEW ADDRESS:
HARLOD L. KITE
512 N. LAKE LULU DRIVE
WINTER HAVEN, FL 33880

TITLE	PD
NAME	KITE, HAROLD L
STREET ADDRESS	5250 DUNDEE ROAD
CITY, ST, ZIP	WINTER HAVEN FL
TITLE	A/S
NAME	CASTELLO, JOE
STREET ADDRESS	PO BOX 4707 N/A
CITY, ST, ZIP	TAMPA FL 33677-4707

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN (12)

1. TITLE ☐ Change ☐ Addition
1. NAME
1. STREET ADDRESS
1. CITY, ST, ZIP

2. TITLE ☐ Change ☐ Addition
2. NAME
2. STREET ADDRESS
2. CITY, ST, ZIP

3. TITLE ☐ Change ☐ Addition
3. NAME
3. STREET ADDRESS
3. CITY, ST, ZIP

4. TITLE ☐ Change ☐ Addition
4. NAME
4. STREET ADDRESS
4. CITY, ST, ZIP

5. TITLE ☐ Change ☐ Addition
5. NAME
5. STREET ADDRESS
5. CITY, ST, ZIP

6. TITLE ☐ Change ☐ Addition
6. NAME
6. STREET ADDRESS
6. CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing, if voluntarily furnished, does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained in the 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 other person or business organization authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: H. L. Kite — 4-28-95 — (813) 324-7053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0318691 CP