

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90145 012 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P93000077815**

1. Corporation Name  
**KEN & LEON'S PROPERTY SERVICES, INC.**



Principal Place of Business  
**3408 AVE X NW  
WINTER HAVEN FL 33881-1053**

Mailing Address  
**P. O. BOX 9432  
WINTER HAVEN FL 33883-9432  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/05/1993**

4. FEI Number

**59-3208494**

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

2. Principal Place of Business  
21 **515 Oak Street South**

2a. Mailing Address  
26 **P.O. Box 891**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **Bartow, FL**

28 **Bartow, FL**

Zip

Country

Zip

Country

24 **33830**

25 **USA**

29 **33830**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOFF, KENNETH E  
3408 AVE X NW  
WINTER HAVEN FL 33881-1053**

81 Name

**Kenneth E. Goff**

82 Street Address (P.O. Box Number is Not Acceptable)

83

**515 Oak Street South**

84 City

**Bartow**

**FL**

85 Zip Code

**33830**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the 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 **Kenneth E. Goff, President**

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

(NOTE: Registered Agent signature is required when reinstating)

DATE

**4/27/99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PT** ☐ DELETE  
NAME **GOFF, KENNETH E**  
STREET ADDRESS **3408 AVE X NW**  
CITY-ST-ZIP **WINTER HAVEN FL 33881-1053**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **P.O. Box 891**  
1.4 CITY-ST-ZIP **Bartow, FL 33830**

TITLE **VS** ☐ DELETE  
NAME **GOFF, JENNY R**  
STREET ADDRESS **3408 AVE X NW**  
CITY-ST-ZIP **WINTER HAVEN FL 33881-1053**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **P.O. Box 891**  
2.4 CITY-ST-ZIP **Bartow, FL 33830**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 changed, or on an attachment with an address, with all other title empowered.

SIGNATURE: **Kenneth E. Goff**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)