

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 # P94000005801

1. Corporation Name

KEN LONG ENTERPRISES, INC.

Principal Place of Business

4315 SW 20TH AVE  
CAPE CORAL FL 33914  
US

Mailing Address

4315 SW 20TH AVE  
CAPE CORAL FL 33914  
US

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

05-06-1999 90235 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1994

4. FEI Number

65-0457231

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 10712 Russell Rd  
Suite, Apt. #, etc.

22 -

23 City & State  
Bokeelia FL

24 Zip Country  
33922 Lee

2a. Mailing Address

26 10712 Russell Rd.  
Suite, Apt. #, etc.

27 -

28 City & State  
Bokeelia FL

29 Zip Country  
33922 Lee

9. Name and Address of Current Registered Agent

LONG, KENNETH R  
4315 SW 20TH AVE  
CAPE CORAL FL 33914

10. Name and Address of New Registered Agent

81 Name  
Long, Kenneth R.  
82 Street Address (P.O. Box Number is Not Acceptable)  
10712 Russell Road  
83  
84 City Bokeelia FL 85 Zip Code 33922

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 Kenneth R. Long

(NOTE: Registered Agent signature required when appointing)

4/14/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST ☐ DELETE

NAME LONG, KENNETH R  
STREET ADDRESS 4315 SW 20TH AVE  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE D ☐ DELETE

NAME LONG, KENNETH R  
STREET ADDRESS 4315 SW 20TH AVE  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)