

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 # P94000036972

1. Corporation Name
KNICELEY & ASSOCIATES, INC.

Principal Place of Business
270 HUMMINGBIRD LANE
LONGWOOD FL 32779

Mailing Address
270 HUMMINGBIRD LANE
LONGWOOD FL 32779

FILED
Jun 17, 1999 8:00 am
Secretary of State

06-17-1999 90009 007 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1994

4. FEI Number

59-3242305

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

KNICELEY, JANET L
270 HUMMINGBIRD LANE
LONGWOOD FL 32779

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

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

(NOTE Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | | |
|----------------|----------------------|---------------------------------|--------------------|---|
| TITLE | DP | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KNICELEY, JANET L | | 1.2 NAME | |
| STREET ADDRESS | 270 HUMMINGBIRD LANE | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LONGWOOD FL | | 1.4 CITY-ST-ZIP | |
| TITLE | VPD | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KNICELEY, DON S | | 2.2 NAME | |
| STREET ADDRESS | 270 HUMMINGBIRD LANE | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LONGWOOD FL | | 2.4 CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 3.2 NAME | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 4.2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 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 like empowered.

SIGNATURE: *Janet L. Kniceley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-99 407-671-3377

Date

Daytime Phone #

0078214

CR2E034 (11/98)



577320-90009-7
P9 4000036972

June 10, 1999

Division of Corporations
Annual Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Reference: FEI Number 59-3242305

I apologize for our annual report being filed late. There were some extenuating circumstances.

Our company is a small real estate marketing firm that typically has an office in a model home and we stay in that model home until that community is sold out. Our last community sold out in March 1999 and we had to vacate our office.

Now the problem.....our new Community's office was not completed in March 1999 and we had no office to move to. We packed up all furniture and files and put them in storage. We did not receive our Certificate of Occupancy for our new office until May 1999.

As we were unpacking for our new office and trying to get organized, your annual report, along with some other over due documents, was discovered.

I am forwarding the Profit Corporation Annual Report and a check for \$150.00. I have never been late with this fee in the past and apologize again for this error.

Your consideration in this matter would be greatly appreciated.

Sincerely

A handwritten signature in black ink that appears to read "Don Kniceley".

Don Kniceley
Kniceley & Associates, Inc.