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

PROFIT CORPORATION ANNUAL REPORT 1999



JFLOR®A DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400066394

1. Corporation Name

KYC, INC.

May 10, 1999 8:00 am Secretary of State

05-10-1999 90277 024 ***150.00



						110 EKUT OK 11	
Principal Place of Business Mailing Address							
1741 VALENCIA AVENUE 1741 VALENCIA AVENUE ORMOND BEACH FL 32174 ORMOND BEACH FL 32174							
					DO NOT WRITE IN T	HIS SPACE	
					 Date Incorporated or Qualified 09/09/1994 		
2. Principal f	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21	26				59-3263029		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired Sa.75 Additional Fee Required			
	City & State City & State				6. Election Campaign Financing	\$5.	00 May Be
23	28				Trust Fund Contribution	Ado	led to Fees
Zip			Country	g. And self-self-self-self-self-self-self-self-			
24	25	29 30	<u> </u>		Personal Property Tax.	Yes	□No
	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New Register	red Agent	
' 	· IOLIANNIA		81	Name			
KYC, JOHANNA				Street Address (P.O. Box Number is Not Acceptable)			
, 1741 VALENCIA AVE. ORMOND BEACH FL 32174			83				
Uni	NOND DENOTE IE VETT		63				
	,		84	\	-	- L	Zip Code
11. Pursuan	t to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the above	e-named corp	oration submits this statement for the purpose	e of changin	g its registered
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was auth	orized by	the corporation	on's board of directors. I hereby accept the ap	opointment a	is registered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE: Re	austered Ager	nt signature required	d when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		CTORS IN 12
TITLE	PVT	☐ DELETE	1.1 TITLE			☐ Cha	
NAME	KYC, JOHANNA		1.2 NAME				
STREET ADDRESS	AND A COLOR OF THE PERSON OF T		1.3 STREET	TADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL 32174		1.4 CITY-S		_		
TITLE	S	☐ DELETE	2.1 TITLE			Cha	nge Addition
NAME	HOWARD, BESSY		2.2 NAME				
STREET ADDRESS	1	• * * · * ·	2.3 STREET	T ADDRESS			
CITY-ST-ZIP	HOLLY HILL FL 32711	•	2.4 CITY-S	ST-ZIP			
TITLE	The same of the sa	☐ DELETE	3 1 TITLE			Cha	nge 🗌 Addition
NAME		•	3.2 NAME	1			
STREET ADDRESS	S .		3.3 STREE	T ADDRESS			
CITY-ST-ZIP		4	3.4. CITY-S	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Cha	nge Addition
NAME		•	4. 2 NAME				
STREET ADDRESS	5	•	4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T- ZIP			
TITLE	.`	☐ DELETE	5.1 TITLE	_		☐ Cha	nge
NAME			5.2 NAME				
STREET ADDRESS	6		5.3 STREET	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Cha	nge 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS	s		6,3 STREET	T ADDRESS			
CITY.ST.7ID	· .		64 CITY-S	T-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 popul 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 comporation or the receiver of the section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual popular 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 comporation or the receiver of the section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual popular 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 comporation or the receiver of the section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual popular 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 comporation or the receiver of the section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certification indicated in Section 119.07(3)(ii), Florida Statutes. I further certification indicated in Section 119.07(3)(ii), Florida Statutes. I further

SIGNATURE