

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

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

05-06-1999 90296 017 *****8.75

05-06-1999 90296 018 ***150.00

DOCUMENT # P94000074727

1. Corporation Name

KYLEMOR, INC.

Principal Place of Business

14611 S.R. 80-BOX 1411
LOXAHATCHEE FL 33470

Mailing Address

14611 S.R. 80-BOX 1411
LOXAHATCHEE FL 33470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1994

4. FEI Number

65-0535387

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

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MCNAMARA, MAUREEN E
14611 SR 80 BOX 1411
LOXAHATCHEE FL 33470

10. Name and Address of New Registered Agent

81 Name MCNAMARA, MAUREEN E.

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

2620 BUCK RIDGE TRAIL

83

84 City LOXAHATCHEE

FL

85 Zip Code 33470

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 MAUREEN E. McNamara

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

Maureen E. McNamara

(NOTE: Registered Agent signature required when reinstating)

2-9-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME MCNAMARA, MAUREEN E
STREET ADDRESS 14611 SR 80 BOX 1411
CITY-ST-ZIP LOXAHATCHEE FL 33470

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD
1.2 NAME MCNAMARA, MAUREEN E.
1.3 STREET ADDRESS 2620 BUCK RIDGE TRAIL
1.4 CITY-ST-ZIP LOXAHATCHEE FL 33470

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ 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: Maureen E. McNamara MAUREEN E. McNamara 2-9-99 561-790-1004

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E034 (11/98)

05/7/99