

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 10, 1999 8:00 am
Secretary of State

05-10-1999 90003 027 ***150.00

DOCUMENT # P94000076763

1. Corporation Name
KANIS, INC.



Principal Place of Business
15735 OAK GLEN WAY
TAVARES FL 32778

Mailing Address
15735 OAK GLEN WAY
TAVARES FL 32778

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1994

4. FEI Number
59-3275939

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

21 250 N Lake Ave

2a. Mailing Address

26 PO Box 1791

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 TAVARES, FL

City & State

28 TAVARES FL

Zip

24 32778 25 Lake

Country

Zip

29 32778 30 Lake

Country

9. Name and Address of Current Registered Agent

STEPHENSON, KEITH D
15735 OAK GLEN WAY
TAVARES FL 32778

10. Name and Address of New Registered Agent

81 Name Sandra L. Ranhorn

82 Street Address (P.O. Box Number is Not Acceptable)
34443 Lakeland Ave

83

84 City Leesburg FL 85 Zip Code 34788

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

Sandra L. Ranhorn

Sandra L. Ranhorn 5/1/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME STEPHENSON, KEITH D
STREET ADDRESS 15735 OAK GLEN WAY
CITY-ST-ZIP TAVARES FL 32778

TITLE D ☒ DELETE
NAME STEPHENSON, JANIS K
STREET ADDRESS 15735 OAK GLEN WAY
CITY-ST-ZIP TAVARES FL 32778

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 D ☐ Change ☒ Addition
1.2 NAME SANDRA L. Ranhorn
1.3 STREET ADDRESS 34443 Lakeland Ave
1.4 CITY-ST-ZIP Leesburg FL 34788

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

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 like empowered.

SIGNATURE:

Sandra L. Ranhorn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99

Date

352-442-8492

Daytime Phone #

CR2E034 (11/98)

0077744