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Feb 25, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000085990

1. Corporation Name
KRP VENTURES, INCORPORATED

Principal Place of Business
**4 NE 3RD STREET
CRYSTAL RIVER FL 34423
US**

Mailing Address
**P.O. BOX 785
CRYSTAL RIVER FL 34423
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/29/1994

4. FEI Number

65-0528241

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

24 Country

2a. Mailing Address

26 P O Box 903

27 Crystal River

28 City & State

28 Florida 34423-0903

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**TITUS, CLAIRE A
4 NE THIRD ST.
CRYSTAL RIVER FL 34429**

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME **KESSLER, JEFFREY B**

STREET ADDRESS **4 NE 3RD STREET**

CITY-ST-ZIP **CRYSTAL RIVER FL 34423**

TITLE PST ☐ DELETE

NAME **MAGLIO, JOSEPH G**

STREET ADDRESS **4385 S. CHARLES ALBERT POINT**

CITY-ST-ZIP **HOMOSASSA FL 34448**

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 ☐ Change ☐ Addition

12 NAME **Pres/Secty**

13 STREET ADDRESS **Gloria Kessler**

14 CITY-ST-ZIP **4 NE Third St Crystal Rvr FL 34429**

2.1 TITLE ☐ Change ☐ Addition

22 NAME **V/P / Treas**

23 STREET ADDRESS **George Kessler**

24 CITY-ST-ZIP **4 NE Third St, Crystal River FL 34429**

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)(l), 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:

Gloria Kessler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/99

Date

Daytime Phone #

CR2E034 (11/98)