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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000049237 (7)

information indicated on this annual report or supplemental are tam an officer or director of the corporation of the eceiver

appears in Block 12 or Block 13 if ch

SIGNATURE:

D.E. KLUG'S SONS, INC.

Mailing Address Principal Place of Business 2505 ORLEANS AVE. 2505 ORLEANS AVE. LAKELAND FL 33803 LAKELAND FL 33803-2953 3. Date Incorporated or Qualified 3a. Date of Last Report 06/23/1995 04/11/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3325084 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 30 Florida Statutes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KLUG, DAVID K 2505 ORLEANS AVE. 82 Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33803 83 84 City Zip Code 85 SIGNATURE. Signature, typost or printed name of region red agont and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ___ DELETE TITLE 11 TITLE ☐ Change Addition KLUG, DAVID KEITH NAME 12 NAME 2505 ORLEANS AVENUE STREET ADDRESS 1.3 STREET ADDRESS LAKELAND FL CITY - ST - ZIP 14 CITY-ST-ZIP DELETE Addition TITLE 21 TITLE Change KLUG, DARWIN DALE NAME 22 NAME 2505 ORLEANS AVENUE STREET ADDRESS 2.3 STREET ADDRESS LAKELAND FL DiTY-ST-ZiP 2. 4 CITY-ST-ZIP Change DELETE Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST- ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS DiTY - ST - ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Change Addition 6 1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CiTY+ST-ZiP 6.4 CITY-ST-ZIP

this filing does not usalify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the intental appeal report is true and accurate and that my signature shall have the same legal effect as if made under oath; that eceiver a free empawered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED Jan 23 1997 8:00am Secretary of State

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