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**

DOCUMENT # P95000049237

1. Corporation Name

D.E. KLUG'S SONS, INC.

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90002 033 ***150.00



Principal Place	e of Business	Mailing Address			t isbitset tie leiet stilt estit seitt setti set	ti difte iften tente	Littit teet teet
2505 ORLEANS AVE. 2505 ORLEANS AVE.					,		
LAKELAND FL 33803 LAKELAND FL 33803					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 06/23/1995		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	- Ac	plied For
21 1557 MARINER ROAD 26					59-3325084	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75	
22	THE COLUMN THE SECOND S	27	27		5. Certificate of Status Desired Fee Required		
City & Stat	City & State			6. Election Campaign Financing	\$5.00		
23 LAKELAND FL 28 Zip Country Zip Co					Trust Fund Contribution	Added 1	lo Fees
			8. This corporation owes the current year Intangible Personal Property Tax Different Property Tax				
24 33803 25 29 30			Personal Property Tax. LLYes LINO 10. Name and Address of New Registered Agent				
	9. Name and Address of Current	Registered Agent	81	Name	TV. Haille and Address of New Registere	n Wait	
KLUG, DAVID K			"	Name			
2505 ORLEANS AVE			82	Street Ad	Address (P.O. Box Number is Not Acceptable)		
LAK	ELAND FL 33803		83				
			84	City		. 85 Zip (Code
				1	F	_ , ,	
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State or im familiar with, and accept the obligati	f Florida. Such change was authori	zed by	the corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	ointment as re	registered gistered
SIGNATURE	•						
	Signature, typed or printed name of registered agent		_ <u> </u>	nt signature requ	ired when reinstating) DATE	NID DIDEOSC	DC 101 42
12.	OFFICERS AND		13.	————	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	P PART PART PETT	_	1 TITLE		,	E Ondrige	
NAME	KLUG, DAVID KEITH		2 NAME	1	1557 MARINER ROAD		}
STREET ADDRESS	AMEL AND EL			T ADDRESS	LAKELAND, FL 33803		
CITY-ST-ZIP	LAKELAND FL		4 CITY-S	T-ZIP	LAKELAND, FC 3360	Change	Addition
TITLE	V		1 TITLE	· }		Change	Accilion
NAME	KLUG, DARWIN DALE	2	2 NAME	ĺ		10-10	-
STREET ADDRESS			3 STREE	TADDRESS	1100 BAKBRIDGE PARKWAY, APT 158		
··CITY-ST-ZIP	LAKELAND FL-			T-ZIP	LAKELAND, FL- 33803		
TITLE	<i>:</i>	☐ DELETE 3	.1 TITLE	İ		Change	☐ Addition
NAME		3	2 NAME		•		
STREET ADDRESS		3.3		TADDRESS			
CITY-ST-ZIP			4. CiTY-S	T-ZIP			
TITLE .		☐ DELETE 4	1 πLE			Change	☐ Addition {
NAME	, .	4	2 NAME		•		
STREET ADDRESS	•	4	3 STREE	TADDRESS			
CITY-ST-ZIP		4	4 CITY-S	T-ZIP			
TITLE		☐ DELETE 5	1 TITLE			Change	Addition
NAME	•	5	2 NAME		• •	•	Ì
STREET ADDRESS		5	3 STREE	TADDRESS			Ì
CITY-ST-ZIP			4 CITY-S	T-ZIP			
TITLE		DELETE 6.1				Change	Addition
NAME	(6	2 NAME	}			{
STREET ADDRESS		6	3 STREE	TADDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP