

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 24 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P95000064394 (6)**
1. Corporation Name
KILIC ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**798 W. STATE ROAD 434
LONGWOOD FL 32750
US**

**798 W. STATE ROAD 434
LONGWOOD FL 32750
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1995

4. FEI Number

59-3330657

Applied For

Not Applicable

6. Election Campaign Financing

Trust Fund Contribution

☐

☐

**\$8.75 Additional
Fee Required**

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

P.O. BOX 324

2651 N. ORANGE BLVD. TR.

ZELLWOOD FLA.

32798

ORANGE

9. Name and Address of Current Registered Agent

**KILIC, EARL
798 W. STATE ROAD 434
LONGWOOD FL 32750**

10. Name and Address of New Registered Agent

81 Name

KILIC EARL

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

2651 N. O.B.T. P.O. BOX 324

83

84 City

ZELLWOOD

FL

85 Zip Code
32798

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 imposed by Section 607.0505, Florida Statutes.

SIGNATURE

Earl Kilic

PRESIDENT EARL KILIC

3/09/98

Signature of agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSTD** ☒ DELETE
NAME **KILIC, EARL**
STREET ADDRESS **798 W. STATE ROAD 434**
CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PSTD** ☒ Change ☐ Addition
1.2 NAME **KILIC EARL**
1.3 STREET ADDRESS **~~P.O. BOX 324~~, 2651 N. O.B.T.**
1.4 CITY-ST-ZIP **ZELLWOOD FL 32798**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS

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

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

4.4 CITY-ST-ZIP ☐ Change ☐ Addition
5.1 TITLE **1000024682401** ☐ Change ☐ Addition
5.2 NAME **-03/25/98--01069--031**
5.3 STREET ADDRESS *****150.00**

5.4 CITY-ST-ZIP ☐ Change ☐ Addition
6.1 TITLE **FE**
6.2 NAME **3-24**
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.

SIGNATURE

Earl Kilic

3/20/98 92180-3337

CR2E034 (10/97)