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PROFIL CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 09, 2000 8:00 am Secretary of State

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K & Z MCGREGOR, INC.

DUU03U44 imapal Place of Business Mailing Address SP. 19 P.O. BOX 33 FL 34736 **GROVELAND FL 34736** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/07/1995 4. FEI Number Principal Place of Business 2a. Mailing Address Applied For 59-3337238 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes the current year Intangible **∇**No 30 ☐ Yes 25 29 Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MCGREGOR, SHANE H Street Address (P.O. Box Number is Not Acceptable) 18934 SR 19 **GROVELAND FL 34736** 83 84 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signalure required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change 1.1 TITLE Addition D MCGREGOR, SHANE 1.2 NAME 18934 SR 19 P.O. BOX 33 N/A 1.3 STREET ADDRESS _1 ADDRESS Groveland 736 **GROVELAND FL** 1.4 CITY-ST-ZIP ☐ DELETE Addition 2.1 TITLE ☐ Change 2.2 NAME 2.3 STREET ADDRESS _1 ADDRESS 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition 3.2 NAME _LADDRESS 33 STREET ADDRESS 3.4. CITY-ST-ZIP ST-ZIP □ DELETE 4.1 TITLE [] Change ☐ Addition 4.2 NAME _: ADORESS 43 STREET ADDRESS

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florka Statutes. I further certify that the information indicated on this annual report of Applemental annual report is true and accurate and that my signature shall have the same legil effect as if made under oath; that I am an indicated on this annual report of surate and that my signature shall have the same legal effect as if made under oath; that I am an rt as required by Chapter officer or director of the corpor

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