

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **p95000083014**  
1. Corporation Name

**KLA ENTERPRISES**

Principal Place of Business

**P.O. Box 2028  
EATON PARK, FLA.  
33840**

Mailing Address

**P.O. Box 2028  
EATON PARK, FLA  
33840**

3. Date Incorporated or Qualified

**10/30/95**

3a. Date of Last Report

**NA**

4. FEI Number

**59 3250962**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**Kimberly Legg Corporation Service  
708 Jefferson Ave 1201 Hays St.  
Lakeland, FL 33801 Tallahassee,  
Fla. 32301-  
2525**

10. Name and Address of New Registered Agent

81

Name

**Kimberly Legg**

82

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

**708 JEFFERSON AVE**

83

84

City

**Lakeland**

FL

85 Zip Code

**33801**

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 **Kimberly Legg**

**Kimberly Legg**

**April 18, 1996**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

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STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE: **Kimberly Legg** **Kimberly Legg**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **April 18, 1996**

4-29-96

941-682-2829

CR2E034 (12/95)