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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # **P95000084956**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am **Secretary of State**

03-11-1999 90164 020 ***150.00

KIESEY, INCORPORATED Mailing Address Principal Place of Business 714 BARRINGTON CIRCLE 714 BARRINGTON CIRCLE WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/02/1995 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 59-3347247 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired \Box Fee Required 22 27 \$5.00 May Be City & State City & State Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Country Zip 8. This corporation owes the current year Intangible Zip ₽No 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 PARK, HOON Street Address (P.O. Box Number is Not Acceptable) 82 714 BARRINGTON CIRCLE WINTER SPRINGS FL 32708 83 85 Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable CR2E034 (11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition ☐ Change DELETE 1.1 TITLE TITLE PARK, HOON 12 NAME NAME 714 BARRINGSTON CIRCLE STREET ADDRESS 1.3 STREET ADDRESS WINTER SPRINGS FL 1.4 CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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, with all other like empowered.

6.4 CITY-ST-ZIP

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