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Apr 01 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 # P95000091510 (4)

1. Corporation Name

KC ENTERPRISES OF CENTRAL FLORIDA, INC.

Principal Place of Business

251 WEST SABAL PALM PLACE
LONGWOOD FL 32779
US

Mailing Address

251 WEST SABAL PALM PLACE
LONGWOOD FL 32779
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/29/1995

4. FEI Number

59-3350059

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 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.

2636 Bent Hickory Cir

City & State

Longwood, FL

Zip

32779

Country

USA

2a. Mailing Address

26

Suite, Apt. #, etc.

2636 Bent Hickory Cir

City & State

Longwood, FL

Zip

32779

Country

USA

10. Name and Address of New Registered Agent

81 Name

TURNER, BURL E.

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

2636 Bent Hickory Circle

83

84 City

Longwood

FL

85 Zip Code

32779

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

BURL E. TURNER, President

Burl E. Turner

3-27-98

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME TURNER, BURL E
STREET ADDRESS 251 W. SABAL PALM PLACE
CITY-ST-ZIP LONGWOOD FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

D, P
NAME TURNER, BURL E.
STREET ADDRESS 2636 Bent Hickory Circle
CITY-ST-ZIP Longwood, FL. 32779

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

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

Burl E. Turner

3-27-98

1107 872 1810

CR2E034 (10/97)