

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90200 013 ***150.00

DOCUMENT # **P96000004334**

1. Corporation Name

~~KG&L SERVICES, INC.~~

KG&L SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

390 N. ORANGE AVENUE
SUITE 600
ORLANDO FL 32801

Mailing Address

390 N. ORANGE AVENUE
SUITE 600
ORLANDO FL 32801

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country 25 29 Zip Country 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country 29 30

3. Date Incorporated or Qualified

01/10/1996

4. FEI Number

59-3352940

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 the current year Intangible
Personal Property Tax. ☒ Yes ☒ No

9. Name and Address of Current Registered Agent

PANZL, JOSEPH R
390 N. ORANGE AVENUE
SUITE 600
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name ROBERT J. GRONEK
82 Street Address (P.O. Box Number is Not Acceptable)
390 N. Orange Avenue
83 Suite 600
84 City Orlando FL 85 Zip Code 32801

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

Robert J. Gronek
Signature, typed or printed name of registered agent and title if applicable.

Robert J. Gronek

(NOTE: Registered Agent signature required when reinstating)

04/21/99
DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | PANZL, JOSEPH R | |
| STREET ADDRESS | 390 N. ORANGE AVENUE | |
| CITY-ST-ZIP | ORLANDO FL 32801 | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | KAY, CHRISTOPHER K | |
| STREET ADDRESS | 390 N. ORANGE AVENUE | |
| CITY-ST-ZIP | ORLANDO FL 32801 | |
| TITLE | DTS | <input type="checkbox"/> DELETE |
| NAME | LATHAM, PETER G | |
| STREET ADDRESS | 390 N. ORANGE AVENUE | |
| CITY-ST-ZIP | ORLANDO FL 32801 | |
| TITLE | DVP | <input type="checkbox"/> DELETE |
| NAME | GRONEK, ROBERT J | |
| STREET ADDRESS | 390 N ORANGE AVE, STE 600 | |
| CITY-ST-ZIP | ORLANDO FL 32801 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | P/D GRONEK, ROBERT J |
| 4.3 STREET ADDRESS | 390 N ORANGE AVE, STE 600 |
| 4.4 CITY-ST-ZIP | ORLANDO, FL 32801 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *Robert J. Gronek* Robert J. Gronek, President

04/21/99

407-481-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (1/98)