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**

DOCUMENT # P96000017188 1. Corporation Name

KILY TANITOD SERVICE INC

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90225 037 ***150.00



	TION SERVICE, INC.									
Principal Place	e of Business	Mailing Address				T (#B) #B): (18 18114 B2(11 BB(21 BB(11 BB))); #31((\$ # @1 ##1	187 1811 1887	
1866 W 45TH S		1866 W 45TH ST								
JACKSONVILLE FL 32209 JACKSONVILLE FL 32209						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed				
						02/23/1996				
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number		Appli	ied For	
21		26				<u>59-3364701</u>			Applicable	
	#, etc.	Suite, Apt.:#, etc.				= 5.* Certificate of Status Desired -			<u>حنۃ</u> ditional	-=
22	·	27				3. 3. 3. 3. 3. 3. 3. 3.		e Requ		
City & State	e	City & State				6. Election Campaign Financing		00 м		
23		28				Trust Fund Contribution		led to i	Fees	
Zip	Country	Zip		untry		8. This corporation owes the current year h	_	_	ا ۱	
24	25	29	30			Personal Property Tax.	∐ Yes		No No	
	9. Name and Address of Currer	nt Registered Agent		941		10. Name and Address of New Registere	Agent	_		
\$ 11V	LOUNG OR			81	Name					
	LOUIS SR		82	Street Add	ess (P.O. Box Number is Not Acceptable)					
	W 45TH ST					<u> </u>				
JACI	KSONVILLE FL 32209			83						
				84	City		85	Zip Co	ode	
				1 1	1	<u></u>				ŀ
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida State	utes, the	above	e-named cor	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changin	g its re is regis	egistered stered	
office or n	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida: Such change was ations of, Section 607.0505, F	autnonze Iorida Sta	tutes.	ine corporat	ion's board of directors. Thereby accept the app		20 . Og.	010700	
-9									i	
CICHATURE										
SIGNATURE	Signature, typed or printed name of registered age				t signature requir	ed when reinstating) DATE	-			ģ
SIGNATURE		ND DIRECTORS	13		t signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFICERS A		_		100, 1
	OFFICERS AND		13		t signature requir		ND DIRE	_	S IN 12	(44,00)
12.	D NIX, LOUIS SR	ND DIRECTORS	1.1		t signature requir			_		(44,00)
12.	OFFICERS AND DISCUSSION NIX, LOUIS SR 1866 W 45TH ST	ND DIRECTORS	13 1.1 1 1.2 t	TITLE NAME	t signature requir			_		(00,47,00)
12. TITLE NAME	D NIX, LOUIS SR	ND DIRECTORS	13 1.1 1 1.2 t 1.3 t	TITLE NAME	ADDRESS		☐ Cha	nge	Addition	(44,00)
12. TITLE NAME STREET ADDRESS	OFFICERS AND DISCUSSION NIX, LOUIS SR 1866 W 45TH ST	ND DIRECTORS	13 1.1 1 1.2 t 1.3 t 1.4 (TITLE NAME STREET	ADDRESS			nge		CD2F034 (44 l08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DISCUSSION NIX, LOUIS SR 1866 W 45TH ST	ND DIRECTORS	13 1.11 1.28 1.33 1.40 2.11	TITLE NAME STREET CITY-ST	ADDRESS		☐ Cha	nge	Addition	CD2F024 (44,08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DISCUSSION NIX, LOUIS SR 1866 W 45TH ST	ND DIRECTORS	13 1.11 1.28 1.33 1.40 2.11 2.21	NAME STREET CITY-ST TITLE NAME	ADDRESS		☐ Cha	nge	Addition	(44,000)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DISCUSSION NIX, LOUIS SR 1866 W 45TH ST	D DIRECTORS DELETE	13 1.11 1.28 1.33 1.40 2.11 2.21 2.33	NAME STREET CITY-ST TITLE NAME	ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	☐ Cha	nge	Addition	CB2F034 (44/68)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DISCUSSION NIX, LOUIS SR 1866 W 45TH ST	ND DIRECTORS	13 1.17 1.28 1.33 1.40 2.11 2.21 2.33	NAME STREET CITY-ST TITLE NAME	ADDRESS		☐ Cha	nge	Addition	CB2F034 (44 l08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DISCUSSION NIX, LOUIS SR 1866 W 45TH ST	D DIRECTORS DELETE	13 1.11 1.24 1.33 1.40 2.11 2.21 2.33 2.4 3.1	NAME STREET CITY-ST TITLE NAME STREET CITY-S	ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	☐ Cha	nge	Addition	CD2F024 (44,608)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DISCUSSION NIX, LOUIS SR 1866 W 45TH ST	D DIRECTORS DELETE	133 1.11 1.28 1.33 1.40 2.11 2.21 2.33 2.4 3.1 3.21	NAME STREET CITY-ST TITLE NAME STREET CITY-S TITLE NAME	ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	☐ Cha	nge	Addition	CD2F024 (44,000)
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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