1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000026585

KIRTMOOR CORPORATION

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90089 038 ***150.00



| Principal Place of Business Mailing Address | | | | | | 1 13411221 114 14114 61111 44111 24111 44111 | | | | |
|---|--|---------------------------------------|------------------------|---|-------------------|---|---------------------|---------------|---------------------|--|
| 200 SOUTH ORANGE AVENUE 200 SOUTH ORANGE AVENUE | | | E | | | | | | | |
| SARASOTA FL | 34236 | SARASOTA FL 34236 | | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | 3. Date Incorporated or Qualifed | | | | |
| | | | | | | 03/21/1996 | | | | |
| 2 Principal Pl | ace of Business | 2a. Mailing Address | 2a. Mailing Address | | | 4. FEI Number | | Appl | ied For | |
| 21 | | 26 | | | | 65-0657101 | - | Not a | Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | - | | | Iditional | |
| 22 | | 27 | 27 | | | 5. Certifcate of Status Desired | Fe | e Req | uired | |
| City & State | • | City & State | | | | 6. Election Campaign Financing | | . 00 м | | |
| 23 | | 28 | | | _ | Trust Fund Contribution | Ad | ded to | Fees | |
| Zip | Country | Zip | _ Count | ry | | 8. This corporation owes the current ye | | _ | 3h | |
| 24] | 25 | 29 3 | 0] | | | Personal Property Tax. Yes No 10. Name and Address of New Registered Agent | | | | |
| | 9. Name and Address of Curre | nt Registered Agent | - | 1 N | lame | 10. Name and Address of New Regist | tereu Agent | | | |
| навт | TENSTINE, J. MICHAEL | | | " " | | <u> </u> | | | | |
| | SOUTH ORANGE AVENUE | | 82 Stree | | | Address (P.O. Box Number is Not Acceptable) | | | | |
| | ASOTA FL 34236 | | 83 | | | | | | | |
| • | | | L | | | | | | | |
| | | | 8 | 4 C | City | • | FL 85 | Zip Co | ode | |
| 11 Pursuant | to the provisions of Sections 607 05 | 02 and 607 1508. Florida Statutes | the abo | ve-na | amed corpor | ration submits this statement for the purpo | oco of changi | ng its re | egistered | |
| office or re | egistered agent, or both, in the State | of Florida. Such change was aut | horized b | y the | corporation | 's board of directors. I hereby accept the | appointment | as regi | stered | |
| | m lantiliar with, and accept the obliga | ations of, Section 607.0303, Fronc | ia Statut | | | • | | | 1 | |
| SIGNATURE | Signature, typed or printed name of registered ag- | ent and title if applicable. (NOTE: R | egistered Ag | gent sign | nature required v | when reinstating) DA | ATE | | | |
| 12. | OFFICERS AND DIRECTORS | | | . ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | | | | | | |
| TITLE | DP | ☐ DELETE | 1.1 TITLE | Ē | | | · 😿 Ch | ange | Addition | |
| NAME | HARTENSTINE, J. MICHAEL | | 1.2 NAM | E | | • | | | | |
| STREET ADDRESS | 200 S. ORANGE AVE. | | 1.3 STRE | EET ADD | DRESS | | | | | |
| CITY-ST-ZIP | SARASOTA FL | | 1.4 CITY-5 | | P | Sarasot | | | D 444:6 | |
| TITLE | VP | ☐ DELETE | 2.1 TITLE | E | | • | ₩Ch | ange | Addition | |
| NAME | VARAH, CHARLES | | 2.2 NAME | | | | | | 1 | |
| STREET ADDRESS | 7671 THE PARK BLVD. | | 2.3 STRE | EET ADD | DRESS | | | | | |
| CITY-ST-ZiP | | | 2.4 CITY | | <u> </u> | Univers | | k FI | 34201 □ Addition | |
| TITLE | V1 | | | 3.1 TITLE | | | | _ | المسمورات. | |
| NAME | BARRETT, SUSAN A. | | 3.2 NAME | | | | , SUSAN ORANGE A | | | |
| STREET ADDRESS | 200 S. ORANGE AVE. | | 3.3 STREET | | | Sarasot | | 4236 | . | |
| CITY-ST-ZIP | SARASOTA FL | DELETE | 3.4. CITY 4.1 TITLE | | P - | | .d rb 3 | | Addition | |
| TITLE | • | C perest | 4.1 (11E) | | | | | - 5 | | |
| NAME | | | 4.2 STRI | | ODECĆ. | | | | | |
| STREET ADDRESS | ٠, | | | | - 1 | | | | } | |
| CITY-ST-ZIP | | DELETE | 4.4 CITY 5.1 TITLE | | <u> </u> | , | □ Ch | ange | Addition | |
| TITLE NAME | | | 5.2 NAM | | | - 1 | | - | Ì | |
| STREET ADDRESS | | | 5.3 STRE | | DRESS | | | | { | |
| CITY-ST-ZIP | * | | 5.4 CITY | | 1 | | | | Ì | |
| TITLE | | ☐ DELETE | 6.1 TITL | | | | ☐ Ch | ange | Addition | |
| NAMÉ | | | 6.2 NAM | Ε | | | | | - | |
| STREET ADDRESS | | | 6.3 STR | EET ADO | DRESS | | | | | |
| CITY-ST-ZIP | | | 6.4 CITY | -ST-ZIF | P | | | | | |

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: #

February 11, 1999