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 # P9600034668 1. Corporation Name

TOM KLUSMAN, INC.

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90076 011 ***150.00



Principal Place	e of Business	Mailing Address				-	SE INTEL BIBIR BILLE	81191 1817 1881
2117 CHIPPEWA TRAIL MAITLAND FL 32751 2117 CHIPPEWA TRAIL MAITLAND FL 32751						DO NOT WRITE IN TH	IS SDACE	
							S SPACE	
						3. Date incorporated or Qualifed	à	1
2 Oringinal D	Place of Business	2a. Mailing Address				4. FEI Number	Ar	plied For
⊢ "	lace of business	26				59-3389258	·	t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				*	\$8.75	
22	<i>11,000.</i>	27				5. Certifcate of Status Desired	Fee Re	quired
City & Stat	e	City & State	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	
Zip	Country	Zip	Cor	untry		8. This corporation owes the current year	ntangible	_
24	25	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent		ļ.,		10. Name and Address of New Registere	d Agent	
141.14				81	Name			
	SMAN, TOM			82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
	MOHICAN TRAIL				****			
MAI	TLAND FL 32751			83				
j				84	City		85 Zip	Code
				1	-	<u>F</u>		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the a	above-	named corpo	ration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing its jointment as re	registered gistered
agent. I a	registered agent, or both, in the State im familiar with, and accept the oblig-	ations of, Section 607.0505, FI	orida Stat	tutes.	ic corporation	10 00010 01 011001010 1 11001010, 0000pr 1111 1pp		Ĭ
SIGNATURE								
	Signature, typed or printed name of registered ag	,			signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
TITLE	PD		•					
NAME	KLUSMAN, TOM		1.2 N		1000000			
STREET ADDRESS	2117 CHIPPEWA TRAIL		1.35	IKEELA	ADDRESS			
CITY-ST-ZIP	MAITLAND FL 32751							
TITLE		□ DELETE		ITY-ST-	ZîP		Change	Addition
NAME		☐ DELETE	2.1 TI	ITLE	ZIP		Change	Addition
STREET ADDRESS	٠	☐ DELETE	2.1 TI	ITLE IAME			Change	Addition
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CITY-ST-ZIP			2.1 TI 2.2 N 2.3 S 2.4 C	ITLE IAME STREET A	ADDRESS		☐ Change	Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-646-2291