

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 20, 1999 8:00 am
Secretary of State

04-20-1999 90226 026 ***158.75

DOCUMENT # P96000045092

1. Corporation Name
K & JS TRAFFIC SERVICES, INC.



Principal Place of Business
5060 4TH AVENUE SOUTHWEST
NAPLES FL 33999

Mailing Address
5060 4TH AVENUE SOUTHWEST
NAPLES FL 33999

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1996

4. FEI Number
65-0664880

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

2. Principal Place of Business

21 5040 Palmetto Woods Drive

Suite, Apt. #, etc.

22

23 Naples, Florida

Zip

24 34119

Country

25 Collier

2a. Mailing Address

26 5040 Palmetto Woods Drive

Suite, Apt. #, etc.

27

28 Naples, Florida

Zip

29 34119

Country

30 Collier

9. Name and Address of Current Registered Agent

COLBY, KAREN JEAN
5060 4TH AVENUE SOUTHWEST
NAPLES FL 33999

10. Name and Address of New Registered Agent

81 Name

Karen Jean Colby

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

5040 Palmetto Woods Drive

83

84 City Naples

FL

85 Zip Code 34119

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 Karen J. McIntyre PVPS

Karen J. McIntyre

4-16-99

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 PVPS ☐ DELETE
NAME MCINTYRE, KAREN J
STREET ADDRESS 5060 4TH AVE SW
CITY-ST-ZIP NAPLES FL 34119

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Treasurer ☐ Change ☒ Addition
1.2 NAME Karen J. McIntyre
1.3 STREET ADDRESS 5040 Palmetto Woods Drive
1.4 CITY-ST-ZIP Naples Florida 34119

2.1 TITLE PVPS ☒ Change ☐ Addition
2.2 NAME Karen J. McIntyre
2.3 STREET ADDRESS 5040 Palmetto Woods Drive
2.4 CITY-ST-ZIP Naples, Florida 34119

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, with all other like empowered.

SIGNATURE: Karen J. McIntyre PVPS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941-455-6943

Daytime Phone #

CR2E034 (11/98)

0460546