Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90060 018 ***150.00

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 # P96000046392

1. Corporation KEPPLE	ENGINEERING, INC.	/U- 1 (J032					
Principal Place of Business Mailing Address						T 100(100) IIO IDIIE DIII ODIII ODIII DEIK DOK	 	\$:0 :
3806 EXCHANGE AVE NAPLES FL 34104 US			3806 EXCHANGE AVE NAPLES FL 34104 US			DO NOT WRITE IN THIS SPACE		
	•					3. Date Incorporated or Qualifed 05/31/1996	·	
2. Principal Place of Business			2a. Mailing Address			4. FEI Number 65-0669474	<u></u>	olied For Applicable
21 Suite, Apt. #, etc.			Suite, Apt. #, etc.			,	\$8.75 A	
22			7			5. Certificate of Status Desired	Fee Re	quired==
City & State			City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country		Zip	Country		8. This corporation owes the current year In	ntangible	
24	25	29		30		Personal Property Tax.	Yes	I2∕No
	9. Name and Address of Currer	nt Regis	tered Agent			10. Name and Address of New Registered	l Agent	
KEPPLE TERRANCE KENNLE, TERRAGE L 3806 EXCHANGE AVE NAPLES FL 34104				81 82 83	Street Add	dress (P.O. Box Number is Not Acceptable)		
			•	84	City	F	85 Zip (Code
11. Pursuant office or reagent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	02 and 6 of Floridations of	07.1508, Florida Statute da. Such change was au , Section 607.0505, Flor	es, the above ithorized by ida Statutes	e-named con the corpora	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appo	f changing its pintment as req	registered gistered
SIGNATURE	Signature, typed or printed name of registered age	ent and title	if applicable. (NOTE:	Registered Ager	nt signature requi	ired when reinstating) DATE		\
12.	OFFICERS AI			13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE NAME	PREPLE TERRANCE DELETE		1.1 TITLE 1.2 NAME		,	☐ Change	☐ Addition	
STREET ADDRESS	3806 EXCHANGE AVE			1.3 STREET	ADDRESS			
CITY-ST-ZIP	NAPLES FL 34104			1.4 CITY- \$	T- ZIP		☐ Change	Addition
TITLE NAME			☐ DELETE	2.1 TITLE 2.2 NAME			Onenge	
STREET ADDRESS				2.3 STREET	T ADDRESS	•		f
-CITY:81:ZIP-===				= 2/4 CITY-S	iT-ZiP 💳 🔫			
TITLE			☐ DELETE	3.1 TITLE		•	☐ Change	Addition
NAME				3.2 NAME				Ì
STREET ADDRESS				3.3 STREE				
CITY-ST-ZIP			DELETE	3.4. CITY-5 4.1 TITLE	51-ZIP		☐ Change	☐ Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREE				
CITY-ST-ZIP				4.4 CITY-S	T-ZIP			
TITLE			☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME				5.2 NAME				
STREET ADDRESS					TADDRESS			
CITY-ST-ZIP				5.4 CITY-S	T-ZIP			
TITLE			☐ DELETE	6.1 TITLE			Change	☐ Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

NATURE AND TYPED OF PRINTED NAME OF SIGNING OF PLET OF DIRECTOR

1/6/99 Date

941-403-1780