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CR2E034 (1/98)

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**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90060 023 \*\*\*150.00

DOCUMENT # P96000050354

1. Corporation Name

K AND D ENTERPRISES OF THE PALM BEACHES, INC.

Principal Place of Business

218-C WENONAH PLACE  
WEST PALM BEACH FL 33405

Mailing Address

218-C WENONAH PLACE  
WEST PALM BEACH FL 33405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1996

4. FEI Number

65-0674997

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 2409  
Suite, Apt. #, etc.

23 City &amp; State

24 Zip

Country

28 City &amp; State

29 Zip

Country

Key West Florida

33045

30 Monroe

9. Name and Address of Current Registered Agent

WITKOWSKI, RONALD  
6177 JOG ROAD - SUITE D5  
LAKEWORTH FL 33467

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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 PD  
NAME HURST, DONALD G  
STREET ADDRESS 214 WENONAH PLACE  
CITY-ST-ZIP WEST PALM BEACH FL 33405

☐ DELETE

TITLE STD  
NAME HURST, KETRA D  
STREET ADDRESS 218 C WENONAH PL  
CITY-ST-ZIP WEST PALM BEACH FL 33405

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

14247 SOLDIER RD  
CHADOTTE NC 28278☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

P.O. Box 2409  
Key West FL 33045☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K. D. Hurst KETRA D Hurst

1/26/99

305 292 5576

Date

Daytime Phone #