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

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90075 008 ***150.00

DOCUMENT # P96000060609

1. Corporation Name

THE KATHRYN HENRY GROUP, INC.								1 1841(1861 (18 18)(8 \$11)) 88)(1 28)(1 28)(1 28)	iona dun Bano an	i	
							}				
Principal Place	of Business	Mail	ing Address					4 1 4011301 140 1811 4 0 1141 00 441 06 411 43 111 1	ABAND WALL BOLLD BAN		
2722 DEERBROOK DRIVE P.O. BOX 7236								·			
LAKELAND FL 33811 LAKELAND FL 33807-7236											
US								DO NOT WRITE IN THIS SPACE			
								Date Incorporated or Qualifed			
								07/19/1996			
2. Principal Pl	lace of Business	2a. I	Mailing Address				4.	FEI Number	L_LA	pplied For	
21		26					!	59-3390835	N	lot Applicable	
Suite, Apt.	#, etc.	;	Suite, Apt. #, etc.				5	Certifcate of Status Desired	7	Additional	
22		27						Certificate of citator Desired	Fee,R	Required	
City & State	e	1	City & State				6.	Election Campaign Financing	\$5.00	May Be	
23	•	28					\	Trust Fund Contribution	Added	to Fees	
Zip	Country Zip C				Country			This corporation owes the current year		_	
24	25 29 30						<u> </u>	Personal Property Tax.	Yes	□No	
	9. Name and Address of Curren	t Registe	red Agent				10.	Name and Address of New Registe	red Agent		
		_		81	Nam	ne				į	
ANDERSON, KATHRYN HENRY					Stra	et Addre	ddress (P.O. Box Number is Not Acceptable)				
2722 DEERBROOK DRIVE				82	. 300	et Addie.	33 (1	.o. box Hambor is not not public,			
LAKELAND FL 33811				83							
									los Zin	Code	
				84					FL '		
11. Pursuant	to the provisions of Sections 607.050	2 and 60	7.1508, Florida Statutes,	the abov	e-name	ed corpo	ration	n submits this statement for the purpos pard of directors. I hereby accept the a	e of changing it	s registered egistered	
agent. I a	m familiar with, and accept the obligat	ions of, §	ection 607.0505, Florida	Statutes	s.	.,		11/	Ligar	1	
SIGNATURE	Kathun Lene	X A	ndeign-					716	11297	{	
	Signature, typed or printed harne of registered age			gistered Age	nt signatu	re required		ADDITIONS/CHANGES TO OFFICERS	Z AND DIRECT	OD 6 IN 12	
12.	OFFICERS AN	D DIREC		13.				ADDITIONS/CHANGES TO OFFICERS	Change		
TITLE	PD		☐ DELETE	1.1 TITLE							
NAME	ANDERSON, KATHRYN HENRY			1.2 NAME		- (ļ	
STREET ADDRESS	2722 DEERBROOK DRIVE			1.3 STREE	TADORE	SS					
CITY-ST-ZIP	LAKELAND FL			1.4 CITY-S	ST-ZIP					- Addition	
TITLE	ST		☐ DELETE	2.1 TITLE					Change	Addition	
NAME	ANDERSON, THOMAS E.			2.2 NAME						ļ	
STREET ADDRESS	2722 DEERBROOK DR	•		2.3 STREE	TADDRE	ss				ſ	
"CÎTY-ST-ZIP"	LAKELAND FL 33811	-273 as		2.4 CITY-	ST-ZIP						
TITLE		•	☐ DELETE	3.1 TITLE					Change	Addition	
NAME				3.2 NAME]				·	
STREET ADDRESS	,			3.3 STREE	T ADDRE	ss		•			
CITY-ST-ZIP				3.4. CITY-	ST-ZIP						
TITLE			☐ DELETE	4.1 TITLE					Change	Addition	

6.4 CITY-ST-ZIP 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.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

DELETE

☐ Change

Change

☐ Addition

☐ Addition