

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
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90019 010 ***150.00

DOCUMENT # P96000089611

1. Corporation Name

KIX ENTERPRISES, INC.



Principal Place of Business

3376 LAKESHORE BLVD.
JACKSONVILLE FL 32210

Mailing Address

3376 LAKESHORE BLVD.
JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1996

2. Principal Place of Business

21 1711 CR 13 S

2a. Mailing Address

26 1711 CR 13 S

4. FEI Number

59-3432086

Applied For

Not Applicable

Suite, Apt. #, etc.

22 ELKTON

Suite, Apt. #, etc.

27 ELKTON FL

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 ELKTON, FL

City & State

28 ELKTON FL

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip Country

24 32033 25 USA

Zip Country

29 32033 30 USA

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

KICLITER, J.N.
3376 LAKE SHORE BLVD.
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name

J N KICLITER

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

1711 CR 13 S

83

84

City ELKTON

FL

85 Zip Code 32033

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)

1/12/99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME KICLITER, J.N.
STREET ADDRESS 3376 LAKESHORE BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32210

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99
Date

904-692-2234
Daytime Phone #

CR2E034 (11/98)

0045812