

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000000449 (3)

1. Corporation Name
KILROY INSURANCES, INC.

Principal Place of Business

4326 PARK BLVD., SUITE F
PINELLAS PARK FL 33781

Mailing Address

4326 PARK BLVD., SUITE F
PINELLAS PARK FL 33781

FILED
Jul 13 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1997

4. FEI Number

59-3417197

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business
21 1025-58TH ST N
Suite, Apt. #, etc.

2a. Mailing Address
26 1025-58TH ST N
Suite, Apt. #, etc.

22 City & State
23 ST. PETERSBURG FL
24 Zip 33710
25 Country USA

27 City & State
28 ST. PETERSBURG FL
29 Zip 33710
30 Country USA

9. Name and Address of Current Registered Agent

KILROY, ROBERT F
4326 PARK BLVD., SUITE F
PINELLAS PARK FL 33781

10. Name and Address of New Registered Agent

81 Name

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

1025-58TH ST N.

83

84 City

ST PETERSBURG

FL

85 Zip Code

33710

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 D
NAME KILROY, ROBERT F
STREET ADDRESS 4326 PARK BLVD., SUITE F
CITY-ST-ZIP PINELLAS PARK FL 33781

☐ DELETE

TITLE D
NAME KILROY, JANE E
STREET ADDRESS 4326 PARK BLVD., SUITE F
CITY-ST-ZIP PINELLAS PARK FL 33781

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

1025-58TH ST N.
ST. PETERSBURG FL 33710

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1025-58TH ST N
ST. PETERSBURG FL 33710

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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.

SIGNATURE Robert F. Kilroy 7/13/98 (2) 347-7929

CR2E034 (5/98)



Robert F Kilroy
Neighborhood Exclusive Agent
1025 68th Street N
St Petersburg FL 33710
Bus: 813-347-7979
1-800-486-7987
Fax: 813-343-0656



July 01, 1998

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Kilroy Insurances Inc.

Dear Sirs:

I received in the mail today a notice requiring a filing fee of \$550. The envelope was stamped '2nd notice'. This is the only notice that I received. The envelope is addressed to my correct address - 1025 - 58th St N. St. Petersburg, FL 33710, but the form inside has my old address 4326 Park Blvd, Suite F, Pinellas Park, FL 33781. I believe what happened was that the 1st notice was sent to my prior address and was never forwarded to me.

I called your office and spoke with a customer service lady named Tanya. I explained the situation to her and she advised that I should complete the form and return it to you with this letter and a check for \$150. which I have included.

I have complied with these requirements and would be pleased to hear from you if there are any other requirements.

Sincerely,

Robert F. Kilroy



24 Hour a Day Service