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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P97000008724**1. Corporation Name

K & C ENTERPRISES & SERVICES, INC.

										L 11611 E.E. 1661
Principal Place of Business Mailing Address										,
743 RONGUIN AVE NE 743 PENGUIN AVE NE										
PALM BAY FL 3							DO NOT WRITE IN THIS SPACE			
US	S US					-			SPACE	
						3	 Date Incorporated or Qualifed 01/29/1997 			
2. Principal Pl	ace of Business	2a. Mailing Addres	58		-	4	. FEI Number		Ar	pplied For
21		26					59-342 <u>14</u> 85		N/	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, 6	etc.			_	. Certifcate of Status Desired		T - · · · ·	Additional
22	•	27	·]			3	. Certificate of Status Desired	<u>.</u>	Fee Re	equired
City & State City & St			State			6	. Election Campaign Financing			May Be
23		28					Trust Fund Contribution		Added	to Fees
Zip	Country Zip C			intry		8	. This corporation owes the cur	rent year Int		_
24	25 29 30						Personal Property Tax.		Yes	□No
	9. Name and Address of Curr	ent Registered Agent		Ш,		10	Name and Address of New	Registered	Àgent	
<u>-</u> -				81	Name					İ
JONES, CELESTE M				82	Street A	Address (P.O. Box Number is Not Accept	able)		
743 PENGUIN AVENUE NE					Ou cot /	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,			
PALM BAY FL 32907				83				-		
				<u>_</u>					OF 7in	Code
				84	City			FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607.0	502 and 607,1508, Florid	a Statutes, the a	bove	e-named o	corporation	on submits this statement for the	purpose of	changing its	s registered
office or r	egistered agent, or both, in the Sta	te of Florida. Such chang	e was authorized	עם נ	tne corpo	oration's t	poard of directors. I hereby acce	pt the appoi	ntment as re	egistered
agent. i ai	m familiar with, and accept the obli	gations of, Section 607.03	505, Florida Stat	ules	•					,
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable	(NOTE: Registered	Agen	t signature re-	equired when	reinstating)	DATE		
12.		AND DIRECTORS	13.	<u> </u>			ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTO	ORS IN 12
TITLE	PT	☐ DEI	LETE 1.1 Π	TLE					☐ Change	☐ Addition
NAME	JONES, K		1.2 N	AME						
STREET ADDRESS	743 EPNGUIN AVE NE		135	TREF1	ADDRESS					1
	PALM BAY FL 32907		8	TY-S						
CITY-ST-ZIP					1-211				Change	☐ Addition
	ALO _			2.2 NAME						
NAME	JONES, C M				ADDRESS					
STREET ADDRESS	743 PENGUIN AVE NE				1	İ				}
CITY-ST-ZIP	PALM BAY FL 32907	□ DE			IT-ZIP	-			Change	Addition
TITLE		ے کا اے	I .						_ ,	_
NAME			3.2 N							
STREET ADORESS					FADDRESS					
CITY-ST-ZIP		Cl pr			T-ZIP	<u> </u>		· · 	Change	Addition
TITLE		□ DE							change	
NAME				IAME						
STREET ADDRESS					TADDRESS					İ
CITY-ST-ZIP				ITY-S	T-ZIP				Channa	Addition
TITLE		□ DE							Change	
NAME		•	5.2 N							j
STREET ADDRESS					FADDRESS	1				
CITY-ST-ZIP				∏Y-\$	T-ZIP					
TITLE		□ DE							Change	Addition
NAME			6.2 N	AME						ı

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP