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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P97000018298**1. Corporation Name

KAT CLAIMS, INC.

## **FILED** Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90066 016 \*\*\*150.00



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- Disease of Ducinges	Mailing Address				
Principal Place of Business  72 ST. JUDES DRIVE ONG BOAT KEY FL 34228  Mailing Addiess  72 ST. JUDES DRIVE LONG BOAT KEY FL 34228			DO NOT WRITE IN THIS SPACE		
ONG BOXT KETTE SIZES			3. Date Incorporated or Qualifed		į
			02/27/1997	Applie	d For
	2a. Mailing Address		4. FEI Number		pplicable
2. Principal Place of Business	<del></del>		65-0738343	\$8.75 Add	
<u> </u>	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Requi	ired
Suite, Apt. #, etc.	<del></del>			\$5.00 Ma	
22	City & State		6. Election Campaign Financing	Added to F	
City & State	<b>├</b> ─┐	_	Trust Fund Contribution		
23		Country	8. This corporation owes the current ye	ear intangible ☐ Yes ☐	]No
Zip Country	20		Personal Property Tax.		
25	\29\		10. Name and Address of New Regis	tered rigeris	
9. Name and Address of Cu	irrent Registered Agont	81 Name			
	•	82 Street Add	dress (P.O. Box Number is Not Acceptable)		
JOHNSON, CHARLES F III		82 Sueer Adv		1 ( 2 ( 2 ( 2 ( 2 ( 2 ( 2 ( 2 ( 2 ( 2 (	4 (0) (7) (0)
802 11TH STREET WEST		83			<u> </u>
BRADENTON FL 34205	·		一	B5 Zip Co	ode
		84 City	_	<u> FL    </u>	*: A = = = al
Pursuant to the provisions of Sections 60 office or registered agent, or both, in the sagent. I am familiar with, and accept the company of the company	obligations of, Section 607:0303, Fierral	-		DATE	
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agent. I am familiar with, and accept the c	red agent and title if applicable. (NOTE: Re	egistered Agent signature requ	uired when reinstating)	DATE	 RS IN 12
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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 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 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 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 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 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 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 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 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 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 supplied with the inform

SIGNATURE: