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FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000058023 (7)

1. Corporation Name
KISNER ENTERPRISES, INC.

Principal Place of Business
2120 AVENUE B NORTHWEST
WINTER HAVEN FL 33880

Mailing Address
2120 AVENUE B NORTHWEST
WINTER HAVEN FL 33880



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 423 St Anns Dr

Suite, Apt. #, etc.

22

City & State

23 Winter Haven FL

Zip

24 33884

Country

25 USA

2a. Mailing Address

26 423 St Anns Dr

Suite, Apt. #, etc.

27

City & State

28 Winter Haven FL

Zip

29 33884

Country

30 USA

3. Date Incorporated or Qualified

06/30/1997

4. FEI Number

65-0767830

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

9. Name and Address of Current Registered Agent

KISNER, PEGGY K
2120 AVENUE B NORTHWEST
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name

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

423 St Ann's Dr

83

84

City

Winter Haven

FL

85 Zip Code

33884

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 ☐ DELETE

NAME
KISNER, PEGGY M
STREET ADDRESS
2120 AVENUE B NORTHWEST
CITY-ST-ZIP
WINTER HAVEN FL 33880

TITLE ☐ DELETE

NAME
KISNER, MEADE G
STREET ADDRESS
2120 AVENUE B NORTHWEST
CITY-ST-ZIP
WINTER HAVEN FL 33880

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

423 St Anns Dr
Winter Haven FL 33884

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

423 St Anns Dr
Winter Haven FL 33884

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ 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 *Made In Kissin*

2 19 98 941 324 4940

CP2E034 (10/97)