

07121999-90005-020-\$150.00-\$150.00

AMOUNT DUE ON OR BEFORE 08/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

199.

FILED

30 AUG -2 PM 1:53

CLERK OF THE STATE
TALLAHASSEE, FLORIDA

0000718

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000071974

Corporation Name
KMP AMALGAMATED, INC.

Principal Place of Business
309 WILBUR ST
BRANDON FL 33511
JS

Mailing Address
509 WILBUR ST
BRANDON FL 33511
US



7/12/99 90005 020 \$150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/20/1997	
4. FEI Number 59-3463490	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 the current year Intangible Personal Property. ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134	
10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

1. Pursuant to the provisions of sections 607.0502 and 607.1506, 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

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	2. NAME	1.1 TITLE	1.2 NAME
3. STREET ADDRESS	4. CITY-STATE-ZIP	3.1 TITLE	3.2 NAME
5. CITY-STATE-ZIP	6. CITY-STATE-ZIP	5.1 TITLE	5.2 NAME
7. CITY-STATE-ZIP	8. CITY-STATE-ZIP	7.1 TITLE	7.2 NAME
9. CITY-STATE-ZIP	10. CITY-STATE-ZIP	9.1 TITLE	9.2 NAME
11. CITY-STATE-ZIP	12. CITY-STATE-ZIP	11.1 TITLE	11.2 NAME
13. CITY-STATE-ZIP	14. CITY-STATE-ZIP	13.1 TITLE	13.2 NAME
15. CITY-STATE-ZIP	16. CITY-STATE-ZIP	15.1 TITLE	15.2 NAME
17. CITY-STATE-ZIP	18. CITY-STATE-ZIP	17.1 TITLE	17.2 NAME
19. CITY-STATE-ZIP	20. CITY-STATE-ZIP	19.1 TITLE	19.2 NAME
21. CITY-STATE-ZIP	22. CITY-STATE-ZIP	21.1 TITLE	21.2 NAME
23. CITY-STATE-ZIP	24. CITY-STATE-ZIP	23.1 TITLE	23.2 NAME
25. CITY-STATE-ZIP	26. CITY-STATE-ZIP	25.1 TITLE	25.2 NAME
27. CITY-STATE-ZIP	28. CITY-STATE-ZIP	27.1 TITLE	27.2 NAME
29. CITY-STATE-ZIP	30. CITY-STATE-ZIP	29.1 TITLE	29.2 NAME
31. CITY-STATE-ZIP	32. CITY-STATE-ZIP	31.1 TITLE	31.2 NAME
33. CITY-STATE-ZIP	34. CITY-STATE-ZIP	33.1 TITLE	33.2 NAME
35. CITY-STATE-ZIP	36. CITY-STATE-ZIP	35.1 TITLE	35.2 NAME
37. CITY-STATE-ZIP	38. CITY-STATE-ZIP	37.1 TITLE	37.2 NAME
39. CITY-STATE-ZIP	40. CITY-STATE-ZIP	39.1 TITLE	39.2 NAME
41. CITY-STATE-ZIP	42. CITY-STATE-ZIP	41.1 TITLE	41.2 NAME
43. CITY-STATE-ZIP	44. CITY-STATE-ZIP	43.1 TITLE	43.2 NAME
45. CITY-STATE-ZIP	46. CITY-STATE-ZIP	45.1 TITLE	45.2 NAME
47. CITY-STATE-ZIP	48. CITY-STATE-ZIP	47.1 TITLE	47.2 NAME
49. CITY-STATE-ZIP	50. CITY-STATE-ZIP	49.1 TITLE	49.2 NAME
51. CITY-STATE-ZIP	52. CITY-STATE-ZIP	51.1 TITLE	51.2 NAME
53. CITY-STATE-ZIP	54. CITY-STATE-ZIP	53.1 TITLE	53.2 NAME
55. CITY-STATE-ZIP	56. CITY-STATE-ZIP	55.1 TITLE	55.2 NAME
57. CITY-STATE-ZIP	58. CITY-STATE-ZIP	57.1 TITLE	57.2 NAME
59. CITY-STATE-ZIP	60. CITY-STATE-ZIP	59.1 TITLE	59.2 NAME
61. CITY-STATE-ZIP	62. CITY-STATE-ZIP	61.1 TITLE	61.2 NAME
63. CITY-STATE-ZIP	64. CITY-STATE-ZIP	63.1 TITLE	63.2 NAME
65. CITY-STATE-ZIP	66. CITY-STATE-ZIP	65.1 TITLE	65.2 NAME
67. CITY-STATE-ZIP	68. CITY-STATE-ZIP	67.1 TITLE	67.2 NAME
69. CITY-STATE-ZIP	70. CITY-STATE-ZIP	69.1 TITLE	69.2 NAME
71. CITY-STATE-ZIP	72. CITY-STATE-ZIP	71.1 TITLE	71.2 NAME
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79. CITY-STATE-ZIP	80. CITY-STATE-ZIP	79.1 TITLE	79.2 NAME
81. CITY-STATE-ZIP	82. CITY-STATE-ZIP	81.1 TITLE	81.2 NAME
83. CITY-STATE-ZIP	84. CITY-STATE-ZIP	83.1 TITLE	83.2 NAME
85. CITY-STATE-ZIP	86. CITY-STATE-ZIP	85.1 TITLE	85.2 NAME
87. CITY-STATE-ZIP	88. CITY-STATE-ZIP	87.1 TITLE	87.2 NAME
89. CITY-STATE-ZIP	90. CITY-STATE-ZIP	89.1 TITLE	89.2 NAME
91. CITY-STATE-ZIP	92. CITY-STATE-ZIP	91.1 TITLE	91.2 NAME
93. CITY-STATE-ZIP	94. CITY-STATE-ZIP	93.1 TITLE	93.2 NAME
95. CITY-STATE-ZIP	96. CITY-STATE-ZIP	95.1 TITLE	95.2 NAME
97. CITY-STATE-ZIP	98. CITY-STATE-ZIP	97.1 TITLE	97.2 NAME
99. CITY-STATE-ZIP	100. CITY-STATE-ZIP	99.1 TITLE	99.2 NAME

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/13/99

813-657-8001

8/16/99
KE

2

KMP Amalgamated, Inc.
509 Wilbur St.
Brandon, FL 33511
813-657-8001

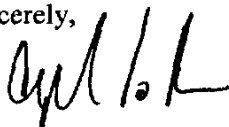
July 7, 1999

Attn: Kristen Eckel

Division of Corporations
Annual Report Filings
PO Box 6327
Tallahassee, FL 32314

I am writing to inform you that my corporation never received the original annual report filing packet. I was instructed by one of your representatives to note this and send in a check for \$150.

Sincerely,



Christopher J. Kneer
President