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May 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moorman Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000078440 (9)

1. Corporation Name

KURT LEHMANN ENTERPRISES, INC.

Principal Place of Business

34888 U.S. HIGHWAY 19 NORTH  
PALM HARBOR FL 34684

Mailing Address

34888 U.S. HIGHWAY 19 NORTH  
PALM HARBOR FL 34684



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1997

4. FEI Number

59-3472315

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

21 399 Countryside Key Blvd

Suite, Apt. #, etc.

22

City & State

23 Oldsmar, FL

Zip

24 34677

Country

25

2a. Mailing Address

26 399 Countryside Key Blvd

Suite, Apt. #, etc.

27

City & State

28 Oldsmar, FL

Zip

29 34677

Country

30

9. Name and Address of Current Registered Agent

KAVOUKLIS, NIKKI M ESQ.  
415 SOUTH PINELLAS AVENUE  
TARPON SPRINGS FL 34689

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

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

0  
NAME LEHMANN, KURT G  
STREET ADDRESS 638 BAYSHORE DRIVE  
CITY-ST-ZIP TARPON SPRINGS FL 34689

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

P.D.  
Lehmann, Kurt G  
399 Countryside Key Blvd  
Oldsmar, FL 34677

☒ Change ☐ Addition

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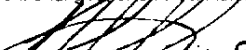
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report 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 of 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 for an appointment with an address.

SIGNATURE:  President

1/28/98

813-784-5552

CR2E034 (10/97)