

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 17 1998 8:00am
Secretary of State

DOCUMENT # **P97000092587 (9)**

1. Corporation Name

KMD PROPERTIES, INC.



Principal Place of Business

Mailing Address

**4020 PARK STREET, NORTH
SUITE 101
ST PETERSBURG FL 33710**

**4020 PARK STREET, NORTH
SUITE 101
ST PETERSBURG FL 33710**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

4

25

29

30

9. Name and Address of Current Registered Agent

**FILINGS, INC.
3732 N.W. 18TH STREET
FT. LAUDERDALE FL 33311-4132**

3. Date Incorporated or Qualified

10/28/1997

4. FEI Number

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

10. Name and Address of New Registered Agent

81 Name

Kathy Quinty

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

c/o Realty Executives

83

4020 Park Street N., Suite 101

84 City

At. Petersburg

FL

85 Zip Code

33709

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.

TURE

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. NAME
STREET ADDRESS
CITY-ST-ZIP
**D
QUINTY, KATHY
4020 PARK STREET, NORTH
ST PETERSBURG FL 33710**

☐ DELETE

2. NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DAVIS, MICHAEL R
8390 39TH AVE. NORTH
ST PETERSBURG FL 33710**

☐ DELETE

3. NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4. NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5. NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6. NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 by an attachment with an address.

SIGNATURE:

Kathy Quinty

(813) 245-1000

CR2E034 (10/97)