

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000014095

1. Corporation Name
K D TECH SERVICES, INC.

Principal Place of Business
601 E. BURGESS RD., APT. D-3
PENSACOLA FL 32504

Mailing Address
601 E. BURGESS RD., APT. D-3
PENSACOLA FL 32504

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90067 001 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 3511 Silvertree Ln
Suite, Apt. #, etc.
22
City & State
23 Pensacola Florida
Zip Country
24 32504 25 U.S.A.

2a. Mailing Address
26 3511 Silvertree Ln
Suite, Apt. #, etc.
27
City & State
28 Pensacola Florida
Zip Country
29 32504 30 U.S.A.

3. Date Incorporated or Qualified

02/12/1998

4. FEI Number

59-3494431

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DUNAYER, EDNA
601 E. BURGESS RD., APT. D-3
PENSACOLA FL 32504

10. Name and Address of New Registered Agent

81 Name Joyce Kelley
82 Street Address (P.O. Box Number is Not Acceptable)
3511 Silvertree Ln.
83
84 City Pensacola FL 85 Zip Code 32504

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

Joyce A. Kelley
Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/06/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
DIRECTOR	JOYCE KELLEY	3511 SILVERTREE LN	PENSACOLA FL 32504	<input type="checkbox"/>	<input type="checkbox"/>
DIRECTOR	DAVID KELLEY	3511 SILVERTREE LN	PENSACOLA FL 32504	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE:

Joyce A. Kelley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/06/99 858 432-2562

Daytime Phone #

CR2E034 (11/98)