

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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90013 019 ***150.00

DOCUMENT # P98000018191

1. Corporation Name

KENNA KAY NICKERSON LMT, INC.

Principal Place of Business

1141 ELMENDORF TRACE
TARPON SPRINGS FL 34689

Mailing Address

1141 ELMENDORF TRACE
TARPON SPRINGS FL 34689



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1998

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 4703 Deer Lodge Rd.

Suite, Apt. #, etc.

22 New Port Richey, Fl.

City & State

23 34655 Pasco

Zip

Country

24

25

2a. Mailing Address

26 4703 Deer Lodge Rd.

Suite, Apt. #, etc.

27 New Port Richey, Fl.

City & State

28 34655 Pasco

Zip

Country

29

30

9. Name and Address of Current Registered Agent

AMERILAWYER
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

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 PD ☐ DELETE

NAME NICKERSON, KENNA KAY
STREET ADDRESS 1141 ELMENDORF TRACE
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE VSTD ☐ DELETE

NAME NICKERSON, LAWRENCE
STREET ADDRESS 1141 ELMENDORF TRACE
CITY-ST-ZIP TARPON SPRINGS FL 34689

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

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Nickerson, Kenna Kay
1.3 STREET ADDRESS 4703 Deer Lodge Road
1.4 CITY-ST-ZIP New Port Richey, Fl. 34655

2.1 TITLE VSTD ☒ Change ☐ Addition

2.2 NAME Nickerson, Lawrence
2.3 STREET ADDRESS 4703 Deer Lodge Road
2.4 CITY-ST-ZIP New Port Richey, Fl. 34655

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Kenna Kay Nickerson, LMT.

3/8/99 727-375-0822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)