

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 22, 1999 8:00 am
Secretary of State

03-22-1999 90048 008 ***150.00

DOCUMENT # P98000024263

1. Corporation Name
KVC FINANCIAL CORPORATION

Principal Place of Business
4867 SOUTH NOVA ROAD
PORT ORANGE FL 32127

Mailing Address
4867 SOUTH NOVA ROAD
PORT ORANGE FL 32127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/13/1998

4. FEI Number
59-3497251

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 3867 South Nova Road
Suite, Apt. #, etc.

2a. Mailing Address
26 3867 South Nova Road
Suite, Apt. #, etc.

22 City & State
23 Port Orange, FL
Zip Country
24 32127 25

27 City & State
28 Port Orange, FL
Zip Country
29 32127 30

9. Name and Address of Current Registered Agent

CHARLTON, BRIAN L
573 CROOKED STICK DR.
DAYTONA BEACH FL 32114

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	KOENIG, MICHAEL T	202 YORKVILLE PL.	DEBARY FL 32713	<input type="checkbox"/>
D	VEITCH, DALE E	4036 S. PENINSULA DR.	WILBUR BY THE SEA FL 32127	<input type="checkbox"/>
D	CHARLTON, BRIAN L	573 CROOKED STICK DR.	DAYTONA BEACH FL 32114	<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
				<input type="checkbox"/>	<input type="checkbox"/>
D	VEITCH, DALE E.	4036 S. PENINSULA DR.	DAYTONA BEACH, FL 32127	<input checked="" 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/99 (904) 788-3737
Date Daytime Phone #

CR2E034 (11/98)