## **3** 03161999-90120-025-\$150.00-\$150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9800030881

K AND C LAND HOLDINGS COMPANY									
1							<b>il</b> iilli elek kiii		
Principal Place	e of Business	Mailing Address					<b>                                    </b>		
146 SHADY LANE 146 SHADY LANE									
FREEPORT FL 32439 FREEPORT FL 32439			•			DO NOT WRITE IN THIS SPACE			_
j						3. Date Incorporated or Qualifed			]
						04/03/1998			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	<u> </u>	pplied For	j
21		26				59-3565632		ot Applicable	Į
Suite, Apl	#, etc.	Suite, Apt. #, etc.				S. Certificate of Status Desired  Secretificate of Status Desired  Fee Required			
City & Stat	e	City & State	City & Stale			6. Election Campaign Financing \$5.00 May,Be			حيدا
23		28				Trust Fund Contribution Added to Fees			1
Zip Country		Zıp	¬ '		8. This corporation owes the current year Intangible			ì	
24 25		29	:		Personal Property Tax Yes No			┦	
	9. Name and Address of Curren	nt Registered Agent		100		10. Name and Address of New Registers	d Agent		┦
	WELL, S. KIMBERLY			81	Name		_		]
				82	Street Add	ress (P.O. Box Number is Not Acceptable)			]
146 SHADY LANE FREEPORT FL 32439									-
PRE	EPORT FL 32439			83					İ
į				84	City	F	85 Zip	Code	1
11. Pursuant	to the provisions of Sections 607 050	02 and 607 1508, Florida Stati	ites, the a	bove-	named con	poration submits this statement for the purpose	of changing its	s registered	7
office or r	egistered agent, or both, in the State	of Florida, Such change was	authorized	d by th	he corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	oniment as r	egistered	
	m tamiliar with, and accept the obliga	10015 OF Section 007.0003.17	Olica Stat	uics.					}
SIGNATURE	Signature, typed or printed name of registered ages	int and like it applicable INO!	F Rugestowed	Agent	SMUSSION LEADING	TAG (gradulerme) (gradulerme) (resta See			√ 6
12.		ND DIRECTORS	RS 13.			ADDITIONS/CHANGES TO OFFICERS			CR2E034 (1 1/98)
TITLE	D	☐ DELETE		1 1 TITLE			Change	Addition	しこ
NAME	MAXWELL, S. KIMBERLY	Į.		12 NAME					8
STREET ADORESS	146 SHADY LANE		135	13 STREET ADDRESS					ĺΜ̈́
CITY-ST-ZIP	FREEPORT FL 32439			: 4 CITY-ST-ZIP				<del></del>	1 15
TITLE	D	☐ DELETE		21 771.5			[] Change	☐ Addition	1 ~
NAME	POST, CARL F	1 2		22 NAME					1
STREET ADDRESS	146 SHADY LANE		235	23 STREET ADDRESS					}
CITY-ST-ZIP	FREEPORT FL 32439			2 4 CITY-ST-ZIP					ļ
TITLE		☐ DELETE	☐ DELETE 3+TI				Change	Acdibon	
NAME			32%	A№E					
STREET ADDRESS			135% كوب	RF.	ADCRESS J			_ <del></del> _	<del>                                     </del>
CITY-ST-ZIP	·		340	IT: 51-	-7.IP				-
TITLE		☐ DELETE	H		1		☐ Change	Acdition	-
NAME			4 2 5	AME					ĺ
STREET ADDRESS			435	TREE 1 #	ADORESS (			•	`
CITY-ST-ZIP			14 C	114-51-	ZIP				4
TITLE		☐ DELETE	517				☐ Change	Audition	1
NAME			521.		1				1
STREET ADDRESS			N.		ADDRESS				Į.
CITY-ST-ZIP	l			ITY-ST-	ZIP				-
TIFLE		☐ DELETE	61 ])		1		☐ Change	Addition	1
NAME			62 N						1
l			# 63 S	TREET A	ADDRESS I				1

5 4 CITY-ST-ZIP CITY-ST-ZIP 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 Irustee 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:

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90120 025 \*\*\*150.00