

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  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90196 029 \*\*\*150.00

DOCUMENT # P98000030958

1. Corporation Name  
KENKAT, INC.

Principal Place of Business  
11836 LANCASHIRE DRIVE  
TAMPA FL 33626

Mailing Address  
11836 LANCASHIRE DRIVE  
TAMPA FL 33626



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1998

2. Principal Place of Business

21 19910 Wyndham Lakes Dr

2a. Mailing Address

19910 Wyndham Lakes Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Odessa FL

24 Zip 33556 25 Country

27 City & State

28 Odessa FL

29 Zip 33556 30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN, KATHLEEN R  
11836 LANCASHIRE DRIVE  
TAMPA FL 33626

81 Name Martin, Kathleen R  
82 Street Address (P.O. Box Number is Not Acceptable) 19910 Wyndham Lakes Dr  
83  
84 City Odessa FL 85 Zip Code 33556

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 *Kathleen R Martin* DATE 4-28-99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD  
NAME MARTIN, KATHLEEN  
STREET ADDRESS 11836 LANCASHIRE DRIVE  
CITY-ST-ZIP TAMPA FL 33626

1.1 TITLE PSTD  
1.2 NAME Martin, Kathleen  
1.3 STREET ADDRESS 19910 Wyndham Lakes Dr  
1.4 CITY-ST-ZIP Odessa, FL 33556

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)