PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000038169

1. Corporation Name

KAYTON REAL ESTATE, INC.

Principal	Place	of	Business

Mailing Address

3805 KEENE ROAD WAUCHULA FL 33873 3805 KEENE ROAD WAUCHULA FL 33873

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90087 021 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

04/27/1998

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2. Principal Pl	ipal Place of Business 2a. Mailing Address				4. FEI Number	1 1	lied For		
21	· · · · · · · · · · · · · · · · · · ·	26					Applicable		
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 AC			
22		27				Fee Req	uired		
City & State	e	City & State			6. Election Campaign Financing	\$5.00 N			
23		28			Trust Fund Contribution	Added to	Fees		
Zip	Country	Zip Country		8. This corporation owes the current y	ear Intangible	1			
24	25 29 30		0		Personal Property Tax.		No		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regis	itered Agent	_		
NED	71 1 1/4//// (1)		8	1 Name					
NEDZA, J. KAYTON 3805 KEENE ROAD WAUCHULA FL 33873			8	82 Street Address (P.O. Box Number is Not Acceptable) 83					
			8						
			Ļ			Teel 7:- 0	- 30		
			8	4 City	manager and a second	FL 85 Zip Co	ode		
11. Pursuant t	to the provisions of Sections 607 0502	and 607,1508. Florida Statutes	, the abo	ve-named cor	poration submits this statement for the purp	ose of changing its r	egistered		
office or re	egistered agent, or both, in the State of	of Florida. Such change was auth	horized b	y the corporati	ion's board of directors. I hereby accept the	appointment as regi	istered		
agent. I ar	m familiar with, and accept the obligat	ions of, Section 607.0505, Flond	ia Statute	S.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: B)	equatered An	ent signature requir	ed when reinstating)	DATE			
12.	OFFICERS ANI		13.	an signature requir	ADDITIONS/CHANGES TO OFFICE		RS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	Addition		
	NEDZA, J. KAYTON		1.2 NAME			_ •	_		
NAME			1	Ŋ.		•	ļ		
STREET ADDRESS	3805 KEENE ROAD			ET ADDRESS					
CITY-ST-ZIP	WAUCHULA FL 33873		1.4 CITY-		······	☐ Change	Addition		
TITLE	STD	☐ DELETE	2.1 TITLE						
NAME	NEDZA, SUSAN T		2.2 NAME			٠ ,; ١			
STREET ADDRESS	3805 KEENE ROAD		2.3 STRE	ET ADORESS		. i			
CITY-\$T-ZIP	WAUCHULA FL 33873		2. 4 CITY	ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition		
NAME			3.2 NAME						
STREET ADDRESS	1		3.3 STRE	ET ADDRESS					
CITY-ST-ZIP			3.4. CITY	-ST-ZIP					
TITLE		☐ DELETE	41 TITLE			☐ Change	Addition		
NAME		_	4, 2 NAM	.					
1			4	ET ADDRESS			. }		
STREET ADDRESS									
CITY-ST-ZIP		☐ DELETE	4.4 CITY- 5.1 TITLE			☐ Change	Addition		
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NAME.			ı	ŧ					
STREET ADDRESS				ET ADDRESS			i		
CITY-ST-ZIP			5.4 CITY-				C Addist -		
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition		
NAME			6.2 NAME	•					
STREET ADDRESS			63 STRE	ET ADDRESS			Ì		
CITY-ST-ZIP			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.