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Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90107 028 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000039450

1. Corporation Name

KIRKLAND & ABSHIER, INC.



Principal Place of Business  
201 N. MAGNOLIA AVENUE  
OCALA FL 34475

Mailing Address  
201 N. MAGNOLIA AVENUE  
OCALA FL 34475

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1998

4. FEI Number

59-3519766

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 Kirkland & Abshier, Inc.

Suite, Apt. #, etc.

22 445 N.E. 8th Ave.

City & State

23 Ocala, Florida

Zip

Country

24 34470

25 Marion

2a. Mailing Address

26 Kirkland & Abshier, Inc.

Suite, Apt. #, etc.

27 445 N.E. 8th Ave.

City & State

28 Ocala, Florida

Zip

Country

29 34470

30 Marion

9. Name and Address of Current Registered Agent

AYRES, BENJAMIN H  
201 N. MAGNOLIA AVENUE  
OCALA FL 34475

10. Name and Address of New Registered Agent

81 Name

AYERS, BENJAMIN H.

82 Street Address (P.O. Box Number is Not Acceptable)

445 N.E. 8th Avenue

83

84 City

Ocala

FL

85 Zip Code

34470

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 D ☐ DELETE

NAME KIRKLAND, BARRY  
STREET ADDRESS P.O. BOX 821 N/A  
CITY-ST-ZIP BELLEVIEW FL 34421

TITLE D ☐ DELETE

NAME ABSHIER, LANNY  
STREET ADDRESS P.O. BOX 2915 N/A  
CITY-ST-ZIP BELLEVIEW FL 34421

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)