## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P98000051002

1. Corporation Name

KBT. INC.

Principal Place of Business

Mailing Address

## **FILED** May 10, 1999 8:00 am Secretary of State

05-10-1999 90110 044 \*\*\*158.75



6800 U.S. HIGHWAY SEBRING FL 33870	= -	6800 U.S. HIGHWAY 27 SEBRING FL 33870	6800 U.S. HIGHWAY 27 NORTH SEBRING FL 33870			DO NOT WRITE IN THIS SPACE				
						3.	Date Incorporated or Qualifed 06/05/1998			
<ol><li>Principal Place</li></ol>	of Business	2a. Mailing Address	2a. Mailing Address			4.	FEI Number		Applied For	
21		26							Not Applicable	
Suite, Apt. #, e	tc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired \$8.75 Additional Fee Required				
City & State		City & State	<u>├</u> ¬ '			6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country 25	Zip 29	Coun	try  8. This corporation owes the current year Personal Property Tax.		Intangible □ Yes □ No				
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
DAVIS, JOHN 6800 U.S. HIGHWAY 27 NORTH SEBRING FL 33870				81	Name					
				82 Street Address (P.O. Box Number is Not Acceptable)						
				83						
	·			84	City		F	85	Zip Code	
							n submits this statement for the purpose of			

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

(NOTE: Registered Agent signature required when reinstating) Stanature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change 1.1 TITLE TITLE DAVIS, JOHN NAME 1.2 NAME 6800 U.S. HIGHWAY 27 NORTH 1.3 STREET ADDRESS STREET ADDRESS SEBRING FL 33870 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change ☐ Addition TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 5.1 TITLE Change ☐ Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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:

CR2E034 (11/98)