

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

DOCUMENT # P98000051568

1. Corporation Name

K & M MAINTENANCE, INC.

Principal Place of Business

~~514 CINDY DRIVE~~
WELLINGTON FL 33414

P.O. Box 804
Ft White FL 32038

Mailing Address

~~514 CINDY DRIVE~~
WELLINGTON FL 33414

P.O. Box 804
Ft White FL 32038

2. Principal Place of Business

21 Rt 2 Box 5084

Suite, Apt. #, etc.

22
23 City & State
Ft. White FL

Zip

32038

Country

USA

2a. Mailing Address

26 P.O. Box 804

Suite, Apt. #, etc.

27
28 City & State
Ft White FL

Zip

32038

Country

USA

9. Name and Address of Current Registered Agent

IVEY, LANCE C
1629 SOUTH CLUB DRIVE
WELLINGTON FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1998

4. FEI Number

650853905

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 PSTD ☐ DELETE

NAME MARLOWE, KATHY

STREET ADDRESS ~~514 CINDY DRIVE~~

CITY-ST-ZIP WELLINGTON FL 33414

TITLE VD ☐ DELETE

NAME MARLOWE, RON

STREET ADDRESS ~~514 CINDY DRIVE~~

CITY-ST-ZIP WELLINGTON FL 33414

TITLE D ☐ DELETE

NAME IVEY, LANCE

STREET ADDRESS ~~514 CINDY DRIVE~~

CITY-ST-ZIP WELLINGTON FL 33414

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PSTD

MARLOWE, KATHY

Rt 2 Box 5084

Ft White FL 32038

VD

MARLOWE, RON

Rt 2 Box 5084

Ft White FL 32038

D

IVEY, LANCE

1629 S. CLUB DRIVE

Wellington FL 33414

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:

KATHY MARLOWE

Date

Daytime Phone #

5/18/00

CR2E034 (11/98)

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90008 044 ***150.00

