SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Aug 19, 1999 8:00 am Secretary of State

08-19-1999 90011 019 ***550.00

OCUMENT #	P98000054820
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KETTERHAGEN SUPPORT SYSTEMS, INC.

B			Marilla . A dansar				
Principal Place		5	Mailing Address				
3990 WOODLA			3990 WOODLAKE				·
BONITA SPRIN	IGS FL 34134	F2617	BONITA SPRINGS	FL 34134-2617			DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified
							1 -
							06/17/1998
2. Principal Pl	ace of Busin	ess	2a. Mailing Addre	SS			4. FEI Number Applied For Not Applied For Not Applied For
21			26) 1 00 ·
Suite, Apt.	#, etc.		Suite, Apt. #,	etc.			5. Certificate of Status Desired Section 5.
22			~ ₂₇ ~	*****		• •	Fee Required
City & State	e		City & State	•			6. Election Campaign Financing \$5.00 May Be
23			28				Trust Fund Contribution Added to Fees
Zip		Country	Zip	Co	untry		This corporation owes the current year
عر 24		25	29	30			Intangible Personal Property. Yes No
		and Address of Current	Registered Agent		T		10. Name and Address of New Registered Agent
					81	Name	
👆 KET	TERHAGEN	N, KATHLEEN M					
	0 WOODLA				82	Street A	Address (P.O. Box Number is Not Acceptable)
		IGS FL 34134-2617			83		
					63		
					84	City	85 Zip Code
					l	-	FL T
11. Pursuant	to the provis	sions of sections 607.0502	and 607.1508, Florida	Statutes, the al	bove-	named co	orporation submits this statement for the purpose of changing its registered
office or	registered aç	gent, or both, in the State of ith, and accept the obligation	of Florida. Such chang tions of section 607 0	je was authorize 1505 - Florida Sta	ed by	the corpo	oration's board of directors. I hereby accept the appointment as registered
	atti lattililat n	ntii, and accept the conga-	1013 01, 3661011 007.0	ooo, i londa ole			
SIGNATURE.	Signature, typed	or printed name of registered agent	and title if applicable.	(NOTE: Regist	tered A	gent signature	re required when reinstating) DATE
12.		OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE			DEI	ETE 1.1 T	ITLE		Secretary Change Addition
<u>-</u>						Ì	1044
INAME I					IAME		D 10 11 KOFFEVLAGEN
NAME CYPEET ACCRESS				1.2 N		ANNRESS	Donald Wikerleyhagen
STREET AOORESS				1.2 N 1.3 S	TREET	ADDRESS	3990 woodlate Dr 24134
STREET AOORESS CITY-ST-ZIP			40.00	1.2 N 1.3 S 1.4 C	TREET	ADDRESS -ZIP	3990 Woodlate Dr 34134
STREET AOORESS			40.00	1.2 N 1.3 S 1.4 C LETE 2.1 T	TREET CITY-ST	ADDRESS -ZIP	Secretary Change Addition Donald W. Ketterhagen 3990 Wood late Dr 34134 13 onita Springs, Fl 34134 Change Addition
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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.

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS