## 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

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90130 042 \*\*\*150.00

DOCUMENT #	B0000000000
DOCOMENT #	P98000063394

1. Corporation Name

KUYKENDALL & ASSOCIATES, INC.

Principal Place	e of Business	Mailin	g Address						IBLIC BRICK BI	INTERPORTURE CHILDREN	AN BIBI 1881
3507 FRONTAGE	F ROAD	3507 F	RONTAGE ROAD								
SUITE 150		SUITE						•			
TAMPA FL 33607 TAMPA FL 33607						<u> </u>	DO NOT WRITE IN THIS SPACE				
								Date Incorporated or Qualifed 07/16/1998			
2. Principal P	ace of Business	2a. Ma	ailing Address					El Number		App	lied For
21		26						59-3520204			Applicable
Suite, Apt.	#, etc.	Su	ite, Apt. #, etc.				= 0	Certifcate of Status Desired . [		\$8.75 A	
22	<u>-</u>	27							-	Fee Rec	
City & Stat	е .	$\vdash$	ty & State				1	Election Campaign Financing		\$5.00 h	-
23	2	28		Caus	.+			Frust Fund Contribution		Added to	rees
Zip	Country	Ziş	_	Соил	ıuy			This corporation owes the current Personal Property Tax.			□No
24	25 Current	29		30				Name and Address of New Reg			
	9. Name and Address of Current	Registere	o Agent		81	Name	10. "	Talle allu Audiess of Hew Inch	jistorea r	igoni	
KUYI	KENDALL, TERRELL J			L							
	FRONTAGE ROAD			- 1	82	Street Ad	ldress (P.C	<ol><li>Box Number is Not Acceptable</li></ol>	9)		
	E 150			,	83				-		
	PA FL 33607			l							
					84	City			FL	85 Zip C	ode
	to the provisions of Sections 607.0502	2 4 7	IEOS Clasida Ctatuta	tha ab		named oo	moration	submite this statement for the ou		hanging its r	registered
office or r	egistered agent, or both, in the State o	of Florida. 🤄	Such change was au	thorized	by tr	he corpora	ition's boa	rd of directors. I hereby accept to	he appoin	tment as reg	istered
agent. I a	m familiar with, and accept the obligat	ions of, Se	ction 607.0505, Flori	da Statu	tes.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if and	Woodle (MOTE: I	Pagistared (	Agont :	signature requi	ined when rein	neteting)	DATE		
40	OFFICERS ANI			13.	-Khai ir :	signature requi		DDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
12.	PD	<u> </u>	☐ DELETE	1.1 TITL	LE	- 1		3D/110/10/0/0/1/4/10/20 1/0 0/1/10	<u> </u>	☐ Change	Addition
NAME	KUYNEDALL, TERRELL			1.2 NA	ME	<u> </u>					
STREET ADDRESS	3507 FRONTAGE ROAD SUITE	150		1.3 STF	REETA	NODRESS .					
CITY-ST-ZIP	TAMPA FL 33607			1.4 CIT							1
TITLE	SD SD		☐ DELETE	2.1 πη						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, with all other like empowered.

SIGNATURE: