PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000074132

KD GATORS BONITA, INC.

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90203 040 ***158.75



Principal Place of Business . Mailing Address						4 188/1884 tra carre 1921 - 29111			11112 7107 1001
4380 36TH ST. 4380 36TH ST.									
ORLANDO FL 32811 ORLANDO FL 32811						DO NOT WRITE IN THIS SPACE			
					F	3. Date Incorporated or Qualife			
					1	08/25/1998			
2. Principal Place of Business 21. 26051 S. Tamiam: Tr26						4. FEI Number 59 - 3 < 29 29 7		 	plied For t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						<u> </u>		\$8.75 △	\dditional
27						5. Certificate of Status Desired	<u> </u>	Fee Re	quired
City & State City & State						6. Election Campaign Financing	9 🗆	\$5.00	May Be
23 Bonita Springs LL 28				Trust Fund Contribution Added to Fees					
Zip Country Zip Co				8. This corporation owes the current year Intangible					
24 3413U 25 USA 29 30				Personal Property Tax. Yes No 10. Name and Address of New Registered Agent					
	g. Name and Address of Current	t Registered Agent	8	1 Nam		10. Name and Address of New	Registered	Agent	
JOHN	NSON, KAREN M		Ľ	, vaiii					
4380 36TH ST.				2 Stree	et Address	s (P.O. Box Number is Not Accep	ptable)		
ORLANDO FL 32811				3		···· 42			
			L	4 0:5:				85 Zip C	- ode
				4 City			FL	-	}
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligat	of Florida. Such change was a	uthorized b	v the co	ed corpora rporation's	ation submits this statement for the board of directors. I hereby acc	ne purpose of cept the appo	changing its intment as req	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	: Registered Ad	ent signatu	ire required wi	hen reinstating)	DATE		— l
12.	OFFICERS AN	·	13.	,	<u> </u>	ADDITIONS/CHANGES TO C	OFFICERS AI	ND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Pre	siderit		Change Change	☐ Addition
NAME	JOHNSON, DARREN		1.2 NAM	E		•			
STREET ADDRESS			1.3 STRE	ET ADDRES	ss				j
CITY-ST-ZIP	ORLANDO FL 32811		1.4 CITY	ST-ZIP				*	
TITLE	D	☐ DELETE	2.1 TITLE	Ė	\\rac{1}{2}	ie President		Change	☐ Addition
NAME	JOHNSON, KAREN M		2.2 NAM	E					
STREET ADDRESS			2.3 STRE	ET ADDRES	ss				
CITY-ST-ZIP			2.4 CITY		-			☐ Change	Addition
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NAME			3.2 NAM	E ET ADDRES	re l				1
STREET ADDRESS			3.4. CITY		33				
CITY-ST-ZIP		☐ DELETE	4.1 TITLE		 			☐ Change	Addition
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CITY-ST-ZIP			4.4 CITY	-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE					☐ Change	✓ ☐ Addition
NAME			5.2 NAM	E					1
STREET ADDRESS			5.3 STRE	ET ADDRES	ss	•			-
CITY-ST-ZIP			5.4 CITY						
TITLE		☐ DELETE	6.1 TITLE					Change	☐ Addition
NAME			6.2 NAM						,
STREET ADDRESS			6.3 STRI	ET ADDRES	SS				.
I									

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:

SIGNING OFFICER OR DIRECTOR

407-648-1133