

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  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 28, 1999 8:00 am**  
**Secretary of State**

07-28-1999 90013 042 \*\*\*150.00

DOCUMENT # **P98000076623**

1. Corporation Name  
**KRISTY & CROVO, INC.**



Principal Place of Business

~~2301 CLUB DR.~~  
~~LAKELAND FL 33813~~

Mailing Address

~~2301 CLUB DR.~~  
~~LAKELAND FL 33813~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/31/1998**

2. Principal Place of Business

21 **4026 W. Bella Vista St.**  
Suite, Apt. #, etc.

2a. Mailing Address

26 **4026 W. Bella Vista St.**  
Suite, Apt. #, etc.

4. FEI Number

**59-3513639**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional

Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

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

☐ Yes

☒ No

City & State

23 **Lakeland, FL 33810**

City & State

28 **Lakeland FL**

Zip

24 **33810**

Country

25 **POIK**

Zip

29 **33810**

Country

30 **POIK**

9. Name and Address of Current Registered Agent

**CROVO, MARK S**  
**2301 CLUB DR.**  
**LAKELAND FL 33813**

10. Name and Address of New Registered Agent

81 Name **Crovo, Mark S.**

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

**4026 W. Bella Vista St.**

83 **Lakeland**

84 City

**FL**

85 Zip Code

**33810**

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 **DP**  
NAME **CROVO, MARK S**  
STREET ADDRESS **2301 CLUB DR.**  
CITY-ST-ZIP **LAKELAND FL 33813**

☐ DELETE

TITLE **ST**  
NAME **CROVO, CAROL A**  
STREET ADDRESS **2301 CLUB DR.**  
CITY-ST-ZIP **LAKELAND FL 33813**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
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STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/21/99**  
**858-4818**

CR2E034 (5/99)

W. Ray Fortner  
Attorney at Law  
422 South Florida Avenue  
Lakeland, Florida 33801

Telephone (941) 688-5274  
Fax (941) 687-2276

Post Office Box 326  
Lakeland, Florida 33802

July 26, 1999

Department of State  
Division of Corporations  
Corporation For Profit Report  
409 East Gaines Street  
Tallahassee, Florida 32399

Re: Kristy & Crovo, Inc.

Dear Madam:

My Legal Assistant talked with one of your Customer Service ladies today concerning the above referenced corporation. Due to the inefficiency, I am sorry to say, that one of my secretaries who is no longer a member of my staff, who filed the Articles of Incorporation for Kristy & Crovo, Inc., used an incorrect address which prevented them from receiving their 1999 Annual Report packet--neither the First Notice nor the Second Notice. And, they being a new corporation were unaware of such procedures until today when they received--in spite of the incorrect address--the 2nd Notice prior to being dissolved without paying \$550.00 within 60 days.

My Legal Assistant was in the process of preparing an Amendment to make some changes in the officers of the corporation; however, after discussing the details of the situation with your personnel, she was told to make the changes on the 1999 Profit Corporation Annual Report Document, have an officer of the Corporation sign, enclose a check in the amount of \$150.00 and return to the Division of Corporations.

I sincerely apologize for this error being made and of course it is an embarrassment to my client and I do appreciate your generous consideration in this matter.

Sincerely,

  
W. RAY FORTNER

WRF/mh  
Enc. 1999 Annual Report/Kristy & Crovo, Inc.  
Check/\$150.00

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