


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90067 015 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000079083**

1. Corporation Name  
**KUHLMAN & ASSOCIATES, INC.**



Principal Place of Business 7509 52ND TERR. E. BRADENTON FL 34203	Mailing Address 7509 52ND TERR. E. BRADENTON FL 34203
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>205-montgomery Ave</u> Suite, Apt. #, etc.	2a. Mailing Address 26 <u>205-Montgomery Ave.</u> Suite, Apt. #, etc.
22 <u>Suite 4</u> City & State	27 <u>Suite 4</u> City & State
23 <u>Sarasota, Florida</u> Zip Country	28 <u>Sarasota, Florida</u> Zip Country
24 <u>34243</u> 25 <u>USA</u>	29 <u>34243</u> 30 <u>USA</u>

3. Date Incorporated or Qualified <b>09/08/1998</b>	
4. FEI Number <b>59-3530197</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KUHLMAN, KAREN L**  
 7509 52ND TERR. E.  
 BRADENTON FL 34203

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 Karen L. Kuhlman **3-31-99**  
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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KUHLMAN, KAREN L</b>	
STREET ADDRESS	<b>7509 52ND TERR. E.</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34203</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KUHLMAN, CHERYL</b>	
STREET ADDRESS	<b>6605 KANSAS ST.</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34281</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Karen L. Kuhlman **Karen L. Kuhlman** **3-31-99** **941-355-5936**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)