

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
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90087 042 ***150.00

DOCUMENT # P98000086810

1. Corporation Name
KERNS LEASING, INC.

Principal Place of Business
1244 THOMASVILLE CIRCLE
LAKELAND FL 33811

Mailing Address
1244 THOMASVILLE CIRCLE
LAKELAND FL 33811

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1998

4. FEI Number

59-353411

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2717 Seville BLVD

2a. Mailing Address

26 2717 Seville BLVD

Suite, Apt. #, etc.

22 # 11205

Suite, Apt. #, etc.

27 # 11205

City & State

23 Clearwater FL 33764

City & State

28 Clearwater, FL

Zip

24 33764

Country

25 U.S.

Zip

29 33764

Country

30 U.S.

9. Name and Address of Current Registered Agent

KERNS, SHANNON D
1244 THOMASVILLE CIRCLE
LAKELAND FL 33811

10. Name and Address of New Registered Agent

81 Name

KERNS, SHANNON D

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

2717 Seville BLVD # 11205

83

84 City

Clearwater FL

FL

85 Zip Code

33764

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

SHANNON KERNS

2/12/99

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 D
NAME KERNS, SHANNON D
STREET ADDRESS 1244 THOMASVILLE CIRCLE
CITY-ST-ZIP LAKELAND FL 33811

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D.P.
1.2 NAME KERNS, SHANNON D
1.3 STREET ADDRESS 2717 Seville BLVD # 11205
1.4 CITY-ST-ZIP Clearwater, FL 33764

☒ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHANNON KERNS

Pres

2/12/99

Date

727 793 8898

Daytime Phone #

CR2E034 (11/98)

0034147