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**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90029 022 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P98000088804**

1. Corporation Name  
**TKL PROPERTY MANAGEMENT, INC.**



Principal Place of Business  
 1071 18TH AVE.  
 GRACEVILLE FL 32454

Mailing Address  
 1071 18TH AVE.  
 GRACEVILLE FL 32454

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 1071 8<sup>th</sup> Ave.  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23 Graceville, FL  
 Zip Country  
 24 32440 25 USA

2a. Mailing Address  
 26 1071 8<sup>th</sup> Ave.  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28 Graceville, FL  
 Zip Country  
 29 32440 30 USA

3. Date Incorporated or Qualified  
 10/19/1998

4. FEI Number  
 59-3540544 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

9. Name and Address of Current Registered Agent  
 LOWMAN, WILLIAM R JR.  
 315 ROBINSON ST., STE. 600  
 ORLANDO FL 32801

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
 NAME D  
 STREET ADDRESS JUDGE OWENS, CHARLOTTE  
 CITY-ST-ZIP 1071 18TH AVE.  
 GRACEVILLE FL 32454

TITLE  DELETE  
 NAME Owens, Charlotte Judge  
 STREET ADDRESS 1071 8<sup>th</sup> Ave.  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 NAME Owens, Charlotte Judge  
 1.2 NAME  
 STREET ADDRESS 1071 8<sup>th</sup> Ave. address  
 1.3 STREET ADDRESS Graceville, FL 32440 correction  
 1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE  Change  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: Charlotte Owens Feb. 3 1999 (850) 263-4549  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/198)