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

Mailing Address

PROFIT CORPORATION ANN JAL REPORT

1999

Principal Place of Business

KYNLEY HOLDINGS COMPANY



DOCUMENT # P98000092824

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretar / of State
DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90221 007 ***150.00



|--|

2256 HEITMAN STREET 2256 HEITMAN STREET FORT MYERS FL 33901 FORT MYERS FL 33901 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/30/1998 2. Principal Place of Business 21 /809 Colenial Blvd. 2a. Mailing Address 4. FEI Nuraber Applied For 1809 Colonial Blud. 65-0872630 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This co poration owes the current year intangible USA USA 33507 Personal Property Tax. 🗌 Yes []No 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DELLUTRI, CARMEN 2250 HEITMAN STREET 1809 Colonial Bowlevard Street Ad tress (P.O. Box Number is Not Acceptable) FORT MYERS FL SEED! 83 33907 Zip Code 84 City 85 1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statu es, 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 cirectors. I hereby accept the appointment as registered agent. and fartillar with, and accept the obligations of, Section 607.0505, Florida Statutes. 4/ac./99 Carney Delluki
agent and title if applicable (NO Registered Agent SIGNATURI ADDITIONS/CHANGES TO OFFICERS AND DIRECTOF'S IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition ☐ DELETE 1.1 TITLE TITLE CR2E034 **DELLUTRI. MARJORIE** NAME 1.2 NAME 2256 HEITMAN STREET /809 Colonial Blvd. STREET ADDRESS 1.3 STREET ADDRESS FORT MYERS FL 3390+ Ft. Myors, FL 33907 14 CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Change 2.1 TITLE TITLE 22 NAME NAME STREET ADORESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP Addition Change [] DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition ☐ DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I hereby certify that the information supplied with this filing does not qualify or 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.

ICER OR DIRECTOR

6.4 CITY-ST-ZIP

SIGNATURE:

4/19/99

(941)6515242