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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000101631

1. Corporation Name

KITCHINER DEVELOPMENTS, INC.

Mailing Address Principal Place of Business 11500 SUMMUP WEST BLVD #41D TEMPLE FERRACE FL 33617 11500 SUMMIT WEST BLVD #41D TEMPLE TERRACE FL 33617

FILED May 10, 1999 8:00 am Secretary of State 05-10-1999 90200 015 ***150.00



DO NOT WRITE IN THIS SPACE

11802	RAINTREE DRIVE	11802 PA	Date Incorporated or Qualifed	3 Date Incorporated or Qualifed			
TEMPLE TERRACE PL. 33617 TEMPLE TERRACE, PL.							
	lace of Business	2a. Mailing Address		4. FEI Number A	plied For		
	RAINTREE DRIVE	26 11802 RAINT	TREE DR	. 59-3563939 N	ot Applicable		
Suite, Apt.		Suite, Apt. #, etc.		E Cortificate of Status Desired	Additional equired		
City & State				6. Election Campaign Financing S5.00	May Be		
23 TEM	OLE TERISACE	28 TEMPLE TE		Trust Fund Contribution Added	to Fees		
Zip 24 336	Country 17 25 F-L	Zip 29 33617 30	Country	This corporation owes the current year Intangible Personal Property Tax. Types	Ū‰.		
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
				BRENT KITCHINEK.			
	INER, BRENT E		82 Street Address (P.O. Box Number is Not Acceptable)				
	SUMMIT WEST BLVD #41D			>2 RAINTRUE DRIVE			
TEMPLE TERRACE FL 33617							
ı			84 City_	—, 85 Zip	Code		
1	<u> </u>		TE	MPLE TERRACE FL 3	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 fa miliar yeth , and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE 4/1/79							
Consturb. typed or pripied name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) LATE LATE							
12.	OFFICERS AND	DELETE	13.	PRESIDENT Change	Addition		
TITLE			1.2 NAME	BREWT KITCHINER			
NAME			1.3 STREET ADDRESS	11802 PAINTREE DR			
STREET ADDRESS			1.4 CITY-ST-ZIP	TEMPLE TERLACE, PL. 33617	,		
CITY-ST-ZIP		□ DELETE	2.1 TITLE	VICE PRESIDENT Change	Addition		
NAME			2.2 NAME	TRACY KITCHINER	₹		
STREET ADDRESS			2,3 STREET ADDRESS	11802 PAINTREE DR.	Ì		
			2.4 CITY-ST-ZP	TEMPLE TERRACE, PL. 33617			
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE	Change	☐ Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4, CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE	☐ Change	Addition		
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE	☐ Change	Addition		
NAME			6.2 NAME		Í		
STREET ADDRESS			6.3 STREET ADDRESS				
	Value State State Communication		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 an attachment with an address, with all other like empowered.

SIGNATURE:

813-984-08Z4