

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Moriham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S20543** (2)
1. Corporation Name
KITTLESON ENTERPRISES, INC.



Principal Place of Business Mailing Address
**864 EAGLE CLAW CT.
LAKE MARY FL 32746** **864 EAGLE CLAW CT.
LAKE MARY FL 32746**

3. Date Incorporated or Qualified **12/11/1990** 3a. Date of Last Report **06/09/1995**
4. FEI Number **59-3042649** 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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country
24 25 29 30

9. Name and Address of Current Registered Agent

**KITTLESON, KEVIN C
864 EAGLE CLAW CT.
LAKE MARY FL 32746**

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

Kevin C. Kittleson
Signature, typed or printed name of registered agent and time if applicable

(NOTE: Registered Agent signature required when reinstating.)

8/22/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KITTLESON, KEVIN C.	
STREET ADDRESS	864 EAGLE CLAW CT.	
CITY - ST - ZIP	LAKE MARY FL 32746	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KITTLESON, GEORGE H.	
STREET ADDRESS	30901 ALCREST AVE.	
CITY - ST - ZIP	MT. PLYMOUTH FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	KITTLESON, GARY A	
STREET ADDRESS	1084 BERGESON ST.	
CITY - ST - ZIP	BOISE IA 83706	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	VD
23 STREET ADDRESS	Kittleson, Laura L.
24 CITY - ST - ZIP	864 Eagle Claw Ct. Lake Mary FL 32746
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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*****375.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(b), 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.

SIGNATURE:

Kevin C. Kittleson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/96 **864 330 9232**

CR2E034 (3/96)