

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 25, 1999 8:00 am
Secretary of State
08-25-1999 90001 030 ***550.00

PROFIT CORPORATION
ANNUAL REPORT
1999

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

DOCUMENT # V28034
1. Corporation Name
K & S DEVELOPMENT, INC.

Principal Place of Business
**607 S. ALEXANDER ST.
PLANT CITY FL 33566**

Mailing Address
**607 S. ALEXANDER ST.
PLANT CITY FL 33566**



2. Principal Place of Business
21 Suite, Apt. #, etc. **106**
22 City & State
23 Zip **33566** Country
24

2a. Mailing Address
26 Suite, Apt. #, etc. **106**
27 City & State
28 Zip **33566** Country
29

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/13/1992

4. FEI Number
59-3122512

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. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**MCELVEEN, SCOTT A.
607 S. ALEXANDER ST.
PLANT CITY FL 33566**

10. Name and Address of New Registered Agent

81 Name **OSBORNE, DAVID C**

82 Street Address (P.O. Box Number is Not Acceptable)
607 S. ALEXANDER ST. SUITE 106

83

84 City **PLANT CITY** **FL** 85 Zip Code **33566**

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 *David Osborne* **DAVID C OSBORNE** **8/2/99**

(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE

NAME **MCELVEEN, SCOTT A.**

STREET ADDRESS **607 S. ALEXANDER ST.**

CITY-ST-ZIP **PLANT CITY FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME **OSBORNE, DAVID C**

1.3 STREET ADDRESS **607 S. ALEXANDER ST.**

1.4 CITY-ST-ZIP **PLANT CITY, FL 33566**

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.

SIGNATURE: *David Osborne* **8/2/99** **813-757-6494**

CR2E034 (5/99)