# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 PM 3:41

DOCUMENT # **V28941** **(5)**

1. Corporation Name

**K & L SOLUTIONS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ROUTE 6 BOX 7676<br>CRAWFORDVILLE FL 32327 | ROUTE 6 BOX 7676<br>CRAWFORDVILLE FL 32327 |

DO NOT WRITE IN THIS SPACE.

| | |
|---|---|
| 3. Date Incorporated or Qualified: 04/16/1992 | 3a. Date of Last Report: 02/14/1994 |
| 4. FEI Number: 59-3119786 | ☐ 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 |
|---|---|
| 21 271 CASER Posey Rd | 26 271 CASER Posey ROAD |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State: CRAWFORDVILLE FL | 28 City & State: CRAWFORDVILLE FL |
| 24 Zip: 32327 25 Country: WAKULLA | 29 Zip: 32327 30 Country: WAKULLA |

**9. Name and Address of Current Registered Agent**

KILLINGSWORTH, LINDA A.
ROUTE 6 BOX 7676
CRAWFORDVILLE FL 32327

**10. Name and Address of New Registered Agent**

81 Name: KILLINGSWORTH LINDA A
82 Street Address (P.O. Box Number is Not Acceptable): 271 CASER Posey ROAD
83
84 City: CRAWFORDVILLE FL 85 Zip Code: 32327

**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: Linda A. Killingsworth 4-11-95
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | P | 11 TITLE | PRESIDENT | ☒ Change ☐ Addition |
| NAME | KILLINGSWORTH, LINDA | 12 NAME | LINDA KILLINGSWORTH | |
| STREET ADDRESS | RT. 6, BOX 7676 | 13 STREET ADDRESS | 271 CASER Posey Rd | |
| CITY-ST-ZIP | CRAWFORDVILLE FL | 14 CITY-ST-ZIP | CRAWFORDVILLE FL 32327 | |
| TITLE | VP | 21 TITLE | VP | ☒ Change ☐ Addition |
| NAME | KILLINGSWORTH, KENNETH | 22 NAME | KILLINGSWORTH, Kenneth | |
| STREET ADDRESS | RT. 6, BOX 7676 | 23 STREET ADDRESS | 271 CASER POSEY RD | |
| CITY-ST-ZIP | CRAWFORDVILLE FL | 24 CITY-ST-ZIP | CRAWFORDVILLE FL 32327 | |
| TITLE | T | 31 TITLE | | ☒ Change ☐ Addition |
| NAME | OWENS, CLAYBURNE ANN | 32 NAME | | |
| STREET ADDRESS | 480 PLEASANT ACRES DR. | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | MAYSBILLE GA | 34 CITY-ST-ZIP | MAYSVILLE, GA | |
| TITLE | S | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | MCQUEEN JAMES | 42 NAME | | |
| STREET ADDRESS | 650 SUNSHINE TRACE | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | ACWORTH GA | 44 CITY-ST-ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | | |

**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 119.07(3)(k), 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:** Linda Killingsworth 3-28-95 904-926-6299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LINDA Killingsworth, President

0409524 FP