

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90282 048 ***150.00

0579143

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000095539					
1. Corporation Name KBW & ASSOCIATES, INC.					
Principal Place of Business 40002 DELLBROOK DR. TAMPA FL 33624			Mailing Address 40002 DELLBROOK DR. TAMPA FL 33624		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 4002 Dellbrook Dr Suite, Apt. #, etc. 22		2a. Mailing Address 26 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 11/12/1998	
23 City & State Tampa, FL 24 Zip 33624 25 Country USA		28 City & State 29 Zip 30 Country		4. FEI Number 59-3543247 Applied For Not Applicable	
9. Name and Address of Current Registered Agent SELLERS, STEVEN E 318 NORTH CALHOUN ST. TALLAHASSEE FL 32301		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 Tax. ☐ Yes ☐ No			
		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 <u>Jennifer Borregard</u> Director (NOTE: Registered Agent signature required when reinstating)					
DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE ☐ Change ☐ Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
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, with all other like empowered.

SIGNATURE: Jennifer Borregard Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99

Date

813 961-4559

Daytime Phone #

CR2E034 (1-1/98)