O NOT WRITE IN THIS SPA	ACE
or Qualifed	
	1 1
	Applied For Not Applicable
	8.75 Additional
s Desired 🗍 "	Fee Required
n Financing Dution	\$5.00 May Be Added to Fees
	Yes □No
ss of New Registered Age	nt
	_
Not Acceptable)	
	1 1/2 (*)
FL <sup>8</sup>	5 Zip Code
ment for the purpose of char rereby accept the appointment	nging its registered
DATE	[_
GES TO OFFICERS AND D	IRECTORS IN 12
	Change Addition
	<u>8</u>
	IRECTORS IN 12 Change Addition 12 Change Addition 12 Change Addition 13 Change Addition 14 Change Addition 15 Change Addition 16 Change Addition 17 Change Addition 17 Change Addition 18 Change Addition 18 Change Addition
	Change Addition O
,	

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

PROFIT (990687 CORPORATION · ANNUAL REPO 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

G & K ASSOCIATES, INC.

Principal Place of Business

Mailing Address

339 É. FORSYTH STREET JACKSONVILLE FL 32202 339 E. FORSYTH STREET JACKSONVILLE FL 32202

**FILED** Jan 21, 1999 8:00am Secretary of State 01-21-1999 90068 042 \*\*\*150.00

3. Date Incorporated 07/17/1968

·					07/17/1968	
2. Principal	Place of Business	2a. Mailing Address	·		4. FEI Number	Applied For
21		26			59-1218716	Not Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ite	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Countr	у.	8. This corporation owes the current year	ntangible
24	25	29	30		Personal Property Tax.	∐̃Yes □No
	9. Name and Address of Curren	<del></del>			10. Name and Address of New Registere	d Agent
NAA	DISON, BAKER W		8	1 Nam	ne e	
	E. FORSYTH STREET		8:	2 Stree	et Address (P.O. Box Number is Not Acceptable)	
1				·		
JAC	KSONVILLE FL 32202		8:	3	· · · · · · · · · · · · · · · · · · ·	1 1 1
			<u> -</u>	1		1-1
والمراجعة المراجعة			8-	4 City	<u>F</u>	85 Zip Code
office or	t to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was au	uthorized by	v the cor	ed corporation submits this statement for the purpose rporation's board of directors. I hereby accept the app	of changing its registered ointment as registered
SIGNATURE		<u> </u>	<u>_</u>			
	Signature, typed or printed name of registered agent	<del></del>	<del></del> -	ent signatur	re required when reinstating) DATE	
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	PSTD	☐ DELETE	1.1 TITLE		• •	☐ Change ☐ Addition
NAME	MADISON, BAKER W		1.2 NAME			
STREET ADDRESS	339 E. FORYSTH STREET		1.3 STREE	T ADDRES	ss	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-	ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	MADISON, BAKER W		2.2 NAME			
STREET ADDRESS	1		2.3 STREE	T ADDRES	28	
CITY-ST-ZIP	JACKSONVILLE FL				~	
TITLE	UACKSOITTILLE I'E	☐ DELETE	2.4 CITY- 3.1 TITLE	S1-ZIP		☐ Change ☐ Addition
- 4.1		Deterie				. □ Criange □ Additio
NAME	The second second		3.2 NAME			
STREET ADDRESS	3		3.3 STREE	ET ADDRÉS	SS .	
CITY-ST-ZIP		·	3.4. CITY-	ST-ZIP		
TITLE		DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME		<u>†</u>	
STREET ADDRESS	s :.		4.3 STREE	T ADDRES	ss	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
TITLE	5,	☐ DELETE	5.1 TITLE			☐ Change ☐ Additio
NAME			5.2 NAME			
STREET ADDRESS	3		5.3 STREE	T ADDRES	s	
CITY-ST-ZIP			5.4 CITY-1	ST- ZIP		
TILE	19 19 34 FE 14 TO 15	☐ DELETE	6.1 TITLE		<del> </del>	☐ Change ☐ Additio
NAME	A CONTRACTOR	<u></u>	6.2 NAME			
	1			T ADDRESS		
STREET ADDRESS	,		i i		9	
CITY-ST-ZIP	<u> </u>		6.4 CITY-5	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:

904 355 4549