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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # F36722

(9)

JK CONSTRUCTION GROUP, INC.

Principal Place of Business

Mailing Address

**FILED** Jan 27 1998 8:00am Secretary of State



| % KARL RIE<br>748 1/2 MAC  | SNOLIA AVE.  | P.O. BOX 533070<br>ORLANDO FL 32853-3070 |                     | DO NOT WRITE IN THIS SP   | ACE                               |  |
|--|--|--|---------------------|---|-----------------------------------|--|
| ORLANDO FL 32803   |  |  |                     |   | 3. Date Incorporated or Qualified |  |
|  |  |  |                     | ``  |                                   |  |
| 9 Principal P  | lace of Business                                   | 2a. Mailing Address                      |                     | 05/29/1981<br>4. FEI Number   | Applied For                       |  |
| 21 601   | NORlando   |  | 948230              | ( <i>i</i>  | Not Applicable                    |  |
| Suite Apt.   |  | 26 P 0 30 4 Suite, Apt. #, etc.          | 11000               | OV EDWOODU  | <del> </del>                      |  |
| 22 Suc   | te 113   | 27                                       |                     | 5. Certificate of Status Desired  | \$8.75 Additional<br>Fee Required |  |
| City & State<br>23 Ma  | iTLAND ON  | 28 Mai Than                              | id oil              | Election Campaign Financing     Trust Fund Contribution                             | \$5.00 May Be<br>Added to Fees    |  |
| Zip 327  | 57 25 ORANGE                                       | Zip 32794 30                             | Country             | 8. This corporation owes or has paid the current Personal Property Tax due June 30. | nt year Intangible<br>Yes No      |  |
| 2. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  |  |  |                     |   |                                   |  |
| PIPOTERE JOANNE 14   |  |  |                     |   |                                   |  |
| THE STEREN, JUANITYE M.  |  |  |                     | OI M. ORlando AUE   |                                   |  |
|  |  |  |                     | Address (P.O. Box Number is Not Acceptable)   |                                   |  |
| ORLANDO FE 82883.  |  |  |                     |   |                                   |  |
|  |  |  |                     |   |                                   |  |
|  |  |  | 84 City             | 15T/14/   | 85 Zip Code                       |  |
|  | 10 00000   |  |                     | A: I LAND FL  | 32751                             |  |
| 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 Sech change was authorized by the corporation's board of directors. I hereby accept the appointment as registered   |  |  |                     |   |                                   |  |
| office or registered agent, or both, in the State of Florida. Sych 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 \$60,000.   |  |  |                     |   |                                   |  |
| SIGNATURE MARCINE 1/14/98  |  |  |                     |   |                                   |  |
|  | Signature types or printed name of registered agor |  |                     | required when reinstating) DATE   | /                                 |  |
| 12.  | OFFICERS AND                                       | DELETE                                   | 13.                 | ADDITIONS/CHANGES TO OFFICERS AND D   | Change Addition                   |  |
| TITLE  | P DIFFERENCE AS AND A A                            | FT DETERE                                | 1.1 TITLE           | ·   | -                                 |  |
| NAME   | RIESTERER, JOANNE M                                |  | 1.2 NAME            | IN AL ARLANDO AL  | 18 Ste 113                        |  |
| STREET ADDRESS   | 746 N MAGNOLIA                                     |  | 1.3 STREET ADDRESS  | 60170   | CI.                               |  |
| CITY-ST-ZIP  | ORLANDO, FL 00000                                  |  | 1.4 CITY-ST-ZIP     | MailLANL, OX 321  | <i>I</i>                          |  |
| TITLE  | ST   | ☐ DELETE                                 | 2.1 TITLE           | 601 NORLANDO AU<br>MaiThanh, of 3275<br>601 N. ORlando AUE<br>Maithand, of 3275     | Change Addition                   |  |
| NAME   | RIESTERER, KARL F. JR.                             |  | 2.2 NAME            | 101 11 001 0- AUG   | St 1/3                            |  |
| STREET ADDRESS   | 746 N MAGNOLIA                                     | ľ  | 2.3 STREET ADDRESS  | 601 N. Orgando 402  | -1                                |  |
| CITY-ST-ZIP  | ORLANDO FL   |  | 2. 4 CITY-ST-ZIP    | MATHURA OR 3215   |                                   |  |
| TITLE  |  | ☐ DELET <b>E</b>                         | 3.1 TITLE           | _ · <u>_</u>  | Change                            |  |
| NAME   |  |  | 3.2 NAME            |   |                                   |  |
| STREET ADDRESS   |  |  | 3.3 STREET ADDRESS  |   |                                   |  |
| CITY-ST-ZIP  |  |  | 3.4. CITY-S1-ZIP    |   |                                   |  |
| TITLE  |  | ☐ DELETE                                 | 4.1 TITLE           |   | Change                            |  |
| NAME   |  |  | 4. 2 NAME           |   |                                   |  |
| STREET ADDRESS   |  |  | 4.3 STREET ADDRESS  |   |                                   |  |
| CITY-ST-ZIP  |  |  | 4.4 CITY - ST - ZIP |   |                                   |  |
| TITLE  |  | ☐ DELETE                                 | 5.1 TITLE           | L   | Change                            |  |
| NAME   |  |  | 5.2 NAME            |   |                                   |  |
| STREET ADDRESS   |  |  | 5.3 STREET ADDRESS  |   |                                   |  |
| CITY-ST-ZIP  |  |  | 54 CITY-ST-ZIP      |   |                                   |  |
| TITLE  |  | DELETE                                   | 6.1 TITLE           |   | Change Addition                   |  |
| NAME   |  | <b>i</b>                                 | 6.2 NAME            |   | •                                 |  |
| STREET ADDRESS   |  | ·  | 6.3 STREET ADDRESS  |   |                                   |  |
| CITY-ST-ZIP  |  |  | 6.4 CITY - ST - ZIP |   |                                   |  |
| 14. I hereby o   | ertify that the information supplied wi            | h this filing does not qualify for t     | he exemption state  | d in Section 119.07(3)(i), Florida Statutes. I further certif                       | y 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 13 if changed, or on an attachment with an address. |  |  |                     |   |                                   |  |