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Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90047 008 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # H16036

1. Corporation Name  
L. K. ERECTORS, INC.

Principal Place of Business  
1352 ELMAR ROAD  
JACKSONVILLE FL 32218

Mailing Address  
1352 ELMAR ROAD  
JACKSONVILLE FL 32218

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1984

4. FEI Number

59-2463759

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2058 New Berlin Rd  
Suite, Apt. #, etc

2a. Mailing Address

26 2058 New Berlin Rd  
Suite, Apt. #, etc

City & State

23 Jacksonville FL  
Zip

City & State

28 Jacksonville FL  
Zip

24 32218 25 Duval

29 32218 30 Duval

9. Name and Address of Current Registered Agent

DEAS, WILLIAM J., ESQ.  
2215 RIVER BOULEVARD  
JACKSONVILLE FL 32204

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:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S  
NAME KELLY, LINDA M.  
STREET ADDRESS 1352 ELMAR RD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE P  
NAME KELLY, JAMES T.  
STREET ADDRESS 1352 ELMAR RD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S  
1.2 NAME Kelly, Linda M.  
1.3 STREET ADDRESS 2058 New Berlin Rd  
1.4 CITY-ST-ZIP Jacksonville, FL 32218

2.1 TITLE P  
2.2 NAME Kelly, James T.  
2.3 STREET ADDRESS 2058 New Berlin Rd  
2.4 CITY-ST-ZIP Jacksonville, FL 32218

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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:

Linda M. Kelly - Linda M. Kelly 4-23-99 904-751-3201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0038643