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

APPROVED AND FILED
95 MAY -1 AM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J98154** **(4)**

1. Corporation Name
R & K ESCOBAR, INC.

Principal Place of Business	Mailing Address
411 SE 82ND PLACE OCALA FL 34480 US	411 SE 82ND PLACE OCALA FL 34480 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/20/1987**	3a. Date of Last Report: **01/27/1994**
4. FEI Number: **16-7584825**	☐ 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. *The corporation has liability for intangible tax under S. 199.032, Florida Statutes.* ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

RICHARD ESCOBAR
411 S.E. 82ND PLACE
OCALA FL 32676

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.1602 and 607.1908, 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: _____ 4/29/95
(Signature of New Registered Agent, if changing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
41 TITLE	PTD	41 TITLE	☐ Change ☐ Addition
42 NAME	ESCOBAR, RICHARD T.	42 NAME	
43 STREET ADDRESS	6210 S.E. 25TH AVE.	43 STREET ADDRESS	
44 CITY-ST-ZIP	OCALA FL	44 CITY-ST-ZIP	
45 TITLE	VSD	45 TITLE	☐ Change ☐ Addition
46 NAME	ESCOBAR, KATHY SUE	46 NAME	
47 STREET ADDRESS	6210 S.E. 25TH AVE.	47 STREET ADDRESS	
48 CITY-ST-ZIP	OCALA FL	48 CITY-ST-ZIP	
49 TITLE	PTD	49 TITLE	☐ Change ☐ Addition
50 NAME	ESCOBAR, RICHARD T.	50 NAME	
51 STREET ADDRESS	411 S.E. 82 PL.	51 STREET ADDRESS	
52 CITY-ST-ZIP	OCALA FL	52 CITY-ST-ZIP	
53 TITLE	VSD	53 TITLE	☐ Change ☐ Addition
54 NAME	ESCOBAR, KATHY SUE	54 NAME	
55 STREET ADDRESS	411 S.E. 82 PL.	55 STREET ADDRESS	
56 CITY-ST-ZIP	OCALA FL	56 CITY-ST-ZIP	
57 TITLE		57 TITLE	☐ Change ☐ Addition
58 NAME		58 NAME	
59 STREET ADDRESS		59 STREET ADDRESS	
60 CITY-ST-ZIP		60 CITY-ST-ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I declare (or certify, that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 4/29/95 904/237/8880
SIGNATURE AND TYPED OR PRINTED NAME OF INCOMING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0353702 CP