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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P94000025174 (1)**

1. Corporation Name
CKC ASSOCIATES INC.

Principal Place of Business	Mailing Address
205 STEVENANGE DR LONGWOOD FL 32779	205 STEVENANGE DR LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/28/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 954 SHRIVER CIRCLE	26 954 SHRIVER CIRCLE
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 LAKE MARY FLORIDA	City & State 28 LAKE MARY FLORIDA
Zip / Country 24 32746 / 25 SEMINOLE	Zip / Country 29 32746 / 30 SEMINOLE

4. FEI Number: 59-3240908 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CALLAHAN, DONALD B 205 STEVENANGE DR LONGWOOD FL 32779	81 Name: RUSSELL C. COLVIN 82 Street Address (P.O. Box Number is Not Acceptable): 954 SHRIVER CIRCLE 83 84 City: LAKE MARY FL 85 Zip Code: 32746

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: Russell C. Colvin RUSSELL C. COLVIN — 5/27/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name altered) (DATE)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11 TITLE: PRESIDENT & TREASURER/ DIRECTOR ☒ Change ☐ Addition 12 NAME: RUSSELL C. COLVIN 13 STREET ADDRESS: 954 SHRIVER CIRCLE 14 CITY-ST-ZIP:
TITLE NAME STREET ADDRESS CITY-ST-ZIP	21 TITLE: VICE-PRESIDENT & SECRETARY/DIRECTOR ☒ Change ☐ Addition 22 NAME: DONALD B. CALLAHAN 23 STREET ADDRESS: 205 STEVENAGE DR. 24 CITY-ST-ZIP: LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby 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: Russell C. Colvin RUSSELL C. COLVIN — 5/27/95 — 407-321-5089
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0044200 CP