

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****95 APR 11 PM 8:19****DOCUMENT # 441123****(7)**

1. Corporation Name

K-B-J, INC.

Principal Place of Business

**1206 N. E. 3RD AVENUE
DELRAY BEACH FL 33444-4006**

Mailing Address

**1206 N. E. 3RD AVENUE
DELRAY BEACH FL 33444-4006**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/04/1973

3a. Date of Last Report

04/13/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-1524390

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00** May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes ☐ Yes ☒ No**24****25****29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CALLAWAY, JAY P
1206 NE 3RD AVENUE
DELRAY BEACH FL 33444**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	CALLAWAY (JAY P.)
STREET ADDRESS	1206 NE 3RD AVENUE
CITY - ST - ZIP	DELRAY BEACH FL
TITLE	ST
NAME	VAN NESS (BARBARA L.)
STREET ADDRESS	9191 WHIPPERWILL PASS
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	V
NAME	CALLAWAY, JAY MAJOR
STREET ADDRESS	508 N. COUNTRY CLUB DR.
CITY - ST - ZIP	ATLANTIS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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)(k), 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, upon an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Typed Name)