

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

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Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 462449 (0)
1. Corporation Name
R. KEN BOYKIN & ASSOCIATES, INC.

Principal Place of Business Mailing Address
9349 EAST TOM COSTINE ROAD 9349 EAST TOM COSTINE ROAD
LAKELAND FL 33809 LAKELAND FL 33809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/01/1974	
4. FEI Number 59-1552042	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent	
BOYKIN, R. KEN, (Address Change) 2747 ALDINE CIRCLE, 9349 East Tom Costine Rd LAKELAND FL (Lakeland, FL 33809-1654)	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	BOYKIN, R KEN
STREET ADDRESS	2747 ALDINE CIRCLE
CITY-ST-ZIP	LAKELAND FL
TITLE	STD
NAME	BOYKIN, JACQUE L
STREET ADDRESS	2747 ALDINE CIRCLE
CITY-ST-ZIP	LAKELAND FL
TITLE	VD
NAME	BOYKIN, MICHAEL W
STREET ADDRESS	2747 ALDINE CIRCLE
CITY-ST-ZIP	LAKELAND FL
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	PD
1.2 NAME	Boykin, R. Ken
1.3 STREET ADDRESS	9349 East Tom Costine Road
1.4 CITY-ST-ZIP	Lakeland, FL 33809-1654
2.1 TITLE	STD
2.2 NAME	Boykin, Jacque L.
2.3 STREET ADDRESS	9349 East Tom Costine Road
2.4 CITY-ST-ZIP	Lakeland, FL 33809-1654
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.

SIGNATURE: Jacques R. Boykin 3-11-98 941-665-1509

CR2E034 (10/97)