


FILED
Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 499198				(0)	
1. Corporation Name KAKYJOHN, INC.					
Principal Place of Business 6232 FISHHAWK AVENUE NEW PORT RICHEY FL 34653		Mailing Address 8232 FISHHAWK AVENUE NEW PORT RICHEY FL 34653-6440			
2. Principal Place of Business		2a. Mailing Address			
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.			
22 City & State		27 City & State			
23 Zip Country		28 Zip Country			
24 25		29 30			
9. Name and Address of Current Registered Agent					
FRENETTE, JOHN R. 8232 FISHHAWK AVE. NEW PORT RICHEY FL 34653				81 Name	
				82 Street Address	
				83	
				84 City	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporate office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate 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)					
12. OFFICERS AND DIRECTORS					
1.1 TITLE		P		<input type="checkbox"/> DELETE	
1.2 NAME		FRENETTE, JOHN R.			
1.3 STREET ADDRESS		8232 FISHHAWK AVE.			
1.4 CITY - ST - ZIP		NEW PORT RICHEY FL			
2.1 TITLE		ST		<input type="checkbox"/> DELETE	
2.2 NAME		FRENETTE, KATHY			
2.3 STREET ADDRESS		8232 FISHHAWK AVE.			
2.4 CITY - ST - ZIP		NEW PORT RICHEY FL			
3.1 TITLE				<input type="checkbox"/> DELETE	
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE				<input type="checkbox"/> DELETE	
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE				<input type="checkbox"/> DELETE	
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE				<input type="checkbox"/> DELETE	
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					

CR2E034 (9/96)

14. I do 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: KATHY FRENETTE SECDEF/TIGAS Kathy Frenette 4/20/01 813 376-1021