DOCUMENT # 510220 (7)

1. Corporation Name
C. K. OF SEMINOLE, INC.

95 APR 24 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7050 SEMINOLE BLVD. SEMINOLE, FL. 34642-5601	7050 SEMINOLE BLVD. SEMINOLE, FL. 34642-5601

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/10/1976
3a. Date of Last Report: 04/27/1994

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

4. FEI Number: 59-1688561 ☐ 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

DILLON, DENNIS
1622 VIRGINIA AVE
PALM HARBOR 34683

10. Name and Address of New Registered Agent

81 Name: Dennis Dillon
82 Street Address (P.O. Box Number is Not Acceptable): 7050 Seminole Blvd
83
84 City: Seminole FL 85 Zip Code: 34642

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: _____ 4-9-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	DILLON, DENNIS	1.2 NAME	Dillon, Dennis	
STREET ADDRESS	1622 VIRGINIA AVE	1.3 STREET ADDRESS	3105 Landmark Dr # 3105	
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	Clearwater, FL 34621	
TITLE	PST	2.1 TITLE	PST	☒ Change ☐ Addition
NAME	DILLON, DENNIS	2.2 NAME	Dillon, Dennis	
STREET ADDRESS	1622 VIRGINIA AVE	2.3 STREET ADDRESS	3105 Landmark Dr # 3105	
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	Clearwater, FL 34621	
TITLE	VP	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	DILLON, STARR	3.2 NAME	Dillon, Starr	
STREET ADDRESS	1622 VIRGINIA AVE	3.3 STREET ADDRESS	3105 Landmark Dr # 3105	
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	Clearwater, FL 34621	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: _____ 4-9-95 813-393-9830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COUNTY OF