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

APPROVED AND FILED

95 APR 24 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **550304** **(0)**

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

Principal Place of Business	Mailing Address
7800 ULMERTON ROAD LARGO FL 34641-4057	7800 ULMERTON ROAD LARGO FL 34641-4057

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/31/1977**
3a. Date of Last Report: **04/26/1994**

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

4. FEI Number: **59-1769881** ☐ 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
ST PETE BCH, FL
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): 7800 ULMERTON RD
83
84 City: LARGO FL 85 Zip Code: 34621

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: _____ 4-19-95
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	DP	1.1 TITLE	DPST	☒ Change ☐ Addition
NAME	DILLON, DENNIS	1.2 NAME	Dillon, Dennis	
STREET ADDRESS	1622 VIRGINIA AVENUE	1.3 STREET ADDRESS	3205 LAKE MAUD DR. # 3205	
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	CLEARWATER, FL 34621	
TITLE	DVP	2.1 TITLE	DVP	☒ Change ☐ Addition
NAME	DILLON, STARR	2.2 NAME	Dillon, Starr	
STREET ADDRESS	1622 VIRGINIA AVE	2.3 STREET ADDRESS	3205 LAKE MAUD DR. # 3205	
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	CLEARWATER, FL 34621	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
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: _____ 4-19-95 813-631-7154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR4E001 CP