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

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

Mar 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** 597776 (4) K AND ASSOCIATES INC. Principal Place of Business Mailing Address 7744 GARDNER DR 7744 GARDNER DR SUITE 103 SUTIE 103 DO NOT WRITE IN THIS SPACE NAPLES FL 33942 NAPLES FL 33942 3. Date Incorporated or Qualified US 12/19/1978 2. Principal Place of Business 2a. Mailing Address Applied For 59-1866615 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Zip Country Country This corporation owes or has paid the current year Intangible □Ño ☐ Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KIDWELL, EVELYN T 7744 GARDNER DR SUTIE 103 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES, FL **B3** 33942 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition THILE 1.1 TITLE NAME KIDWELL, LAMAR J 1.2 NAME Crzecs Crzecs 7744 GARDNER DR SUITE 103 STREET ADDRESS 1.3 STREET ADDRESS NAPLES, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 23 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 2. 4 City-St-ZiP DELETE Addition 3.1 TITLE Change TITLE NAME 3.2 NAMÉ STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITO.F 51 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

> 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby 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.

Elwee,

FILED