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**PROFIT** CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(5)

**FILED** Apr 29 1998 8:00am Secretary of State

K J 5P	PECIALIST CORP.								
Principal Plac	e of Business	Maili	ing Address				I HORE BYOM BURN		IN DIDIN IDDI
660 CARILLO			CARILLON PAR	KWAY					
			BOX 12749	IN THE STATE OF TH					
ST PETERSBURG FL 33733-2749		\$T	ST PETERSBURG FL 33733-2749			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified	d ·		
Principal P	Place of Business	10- 1	Mailing Address	<del></del>	.,	07/24/1981 4. FEI Number			
	lace of business	<del>                                     </del>	naming Address			] "			pplied For ot Applicable
Suite, Apt.	# etc	26	Suite. Apt. #, etc		<u></u>	59-2110303			Additional
12		27		•		5. Certificate of Status Desired			equired
City & Stat	6		ity & State			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Z	ip.	Cou	ntry	8. This corporation owes or has	paid the cur	rent year In	tangible
<u>.</u>	25	29		30		Personal Property Tax due Ju	ne 30. <u>FI</u>	ίsBY[	PARENT
	g. Name and Address of	Current Register	red Agent			10. Name and Address of New I	Registered /	Agent (	COMPANY
	PPENGER, LYNN				81 Name				
	O CARILLON PARKWAY				82 Street Add	dress (P.O. Box Number is Not Accept	table)		· · · · · · · · · · · · · · · · · · ·
ST	Petersburg, Fl						·		
33	716			İ	83				
					84 City			85 Zip	Code
							<u> </u>	. 1 1 1	
									its registered
11. Pursuant	to the provisions of Sections	607.0502 and 607	.1508, Florida S	Statutes, the at	ove-named co	proporation submits this statement for the ration's board of directors. I bereby acc	e purpose of cept the app	changing i cintment as	registered
11. Pursuant office or r agent. I a	to the provisions of Sections ( registered agent, or both, in the im familiar with, and accept the	607.0502 and 607 be State of Florida be obligations of, S	.1508, Florida S . Such change Section 607.050	Statutes, the at was authorized 5, Florida Stat	pove-named co d by the corpora utes.	orporation submits this statement for the ation's board of directors. I hereby acc	e purpose of cept the app	ointment as	registered
11. Pursuant office or r agent. I a SIGNATURE								changing i	registered
SIGNATURE	Signature, typed or printed name of reg	stered agent and title if a	yydinatile.	(NOTE Registered		quired when reinstaling)	DATE		
SIGNATURE	Signature, typed or printed name of reg OFFICE		цурікавіle ORS	(NOTE Registered	d Agent signature req		DATE	DIRECTO	RS IN 12
SIGNATURE  12.  TITLE	Stphalure, typed or printed name of reg Of FICE	stered agent and title if a	yydinatile.	(NOTE Registered	d Agent signature req	quired when reinstaling)	DATE		
SIGNATURE  12.  TITLE NAME	Stgnature, typed or printed name of ring OFFICE STD PIPPENGER, LYNN	stered agent and title if a	цурікавіle ORS	(NOTE Registered 13. E 1.1 TII 1.2 NA	d Agant signature req ILE	quired when reinstaling)	DATE	DIRECTO	RS IN 12
SIGNATURE  12.  TITLE NAME STREET ADDRESS	Stgnature, typed or printed name of reg OF FICE STD PIPPENGER, LYNN 880 CARILLON PKWY	stered agent and title if a	цурікавіle ORS	(NOTE Registered  13. E 1.1 TII  1.2 NA 1.3 ST	Agent signature req	quired when reinstaling)	DATE	DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Stprature, typed or purited name of reg OFFICE STD PIPPENGER, LYNN 880 CARILLON PKWY ST PETERSBERG FL	stered agent and title if a	ORS DELETI	(NOTE Registered 13. E 1.1 TII 1.2 NA 1.3 ST 1.4 CF	I Agent signature req ILE IME REET ADDRESS IY-ST-ZIP	quired when reinstaling)	DATE	DIRECTO Change	RS IN 12
SIGNATURE  12.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Stgnature, typed or printed name of reg OFFICE STD PIPPENGER, LYNN 880 CARILLON PKWY ST PETERSBERG FL P	stered agent and title if a	цурікавіle ORS	(NOTE Registered 13. E 1.1 TII 1.2 NA 1.3 ST 1.4 Cf E 2.1 Til	I Agent signature req	quired when reinstaling)	DATE	DIRECTO	RS IN 12
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SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	STD PIPPENGER, LYNN 880 CARILLON PKWY ST PETERSBERG FL P JAMES, THOMAS 880 CARILLON PKWY	stered agent and title if a	ORS DELETI	(NOTE Registered  13. E 1.1 TII 1.2 NA 1.3 ST 1.4 CF E 2.1 TII 2.2 NA 2.3 ST	I Agent signature req  TLE  ME  HEET ADDRESS  TY-ST-ZIP  LE  ME  REET ADDRESS	quired when reinstaling)	DATE	DIRECTO Change	RS IN 12
SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Stgnature, typed or printed name of reg OFFICE STD PIPPENGER, LYNN 880 CARILLON PKWY ST PETERSBERG FL P JAMES, THOMAS	stered agent and title if a	ORS DELETI	(NOTE Registered  13. E 1.1 Til 1.2 NA 1.3 ST 1.4 Cf E 2.1 Til 2.2 NA 2.3 ST 2.4 Cf	I Agent signature req	quired when reinstaling)	DATE	DIRECTO Change	RS IN 12
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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

813-573-3800