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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 AM 8:48

DOCUMENT # **F45133** **(8)**

1. Corporation Name
KJP, INC.

Principal Place of Business	Mailing Address
13824 CYRPRESS VILL. CIRCLE TAMPA FL 33624	13824 CYRPRESS VILL. CIRCLE TAMPA FL 33624

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/09/1981	3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-2121607	☐ 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	

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

9. Name and Address of Current Registered Agent

PARKS, LUCILLE
13824 CYPRESS VILLAGE CR.
TAMPA FL 33824

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	☐ Change ☐ Addition
NAME	PARKS, JACK	12 NAME	
STREET ADDRESS	13824 CYPRESS VILL. CIR.	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	PARKS, LUCILLE	22 NAME	
STREET ADDRESS	13824 CPRESS VILL CIRCLE	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL	24 CITY-ST-ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	SUAREZ PARKS, KATHY	32 NAME	
STREET ADDRESS	12915 GOLF CREST TERR	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/We 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: Lucille Parks Lucille PARKS 1/16/95 (813)961-8506
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Telephone Number

Q200035 CP

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CORPORATION ANNUAL REPORT 1995

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Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # F45156 (9)

1. Corporation Name
COMMUNITY ASSOCIATION CONSULTANTS, INC.

Principal Place of Business	Mailing Address
7000 W. PALMETTO PARK ROAD SUITE 400 BOCA RATON FL 33433	7000 W. PALMETTO PARK ROAD SUITE 400 BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 7040 W. PALMETTO PK RD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 2-313
City & State 23	City & State 28 BOCA RATON, FL
Zip 24 Country 25	Zip 29 33433 Country 30

3. Date Incorporated or Qualified: 10/01/1981
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-2123797 — 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

REAGAN, JUDITH H
700 W. PALMETTO PARK ROAD
SUITE 400
BOCA RATON 33433

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 7040 W. PALMETTO PK RD. 2-313
83
84 City BOCA RATON FL FL 85 Zip Code 33433

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

12. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	REAGAN, RAY
STREET ADDRESS	7000 W. PALMETTO PK RD
CITY-ST-ZIP	BOCA RATON FL
TITLE	PTD
NAME	REAGAN, JUDITH H.
STREET ADDRESS	7000 W PALMETTO PK RD
CITY-ST-ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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(i)(k), 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: RAY REAGAN [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

407-394-4100
DAYTIME PHONE #

0201530 CP