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Jan 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F45133 (8)

1. Corporation Name  
KJP, INC.

Principal Place of Business  
13824 CYPRESS VILL. CIRCLE  
TAMPA FL 33624

Mailing Address  
13824 CYPRESS VILL. CIRCLE  
TAMPA FL 33624-4406



3. Date Incorporated or Qualified 09/09/1981  
3a. Date of Last Report 01/25/1996

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

PARKS, LUCILLE  
13824 CYPRESS VILLAGE CR.  
TAMPA FL 33624

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

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 C ☐ DELETE  
NAME PARKS, JACK  
STREET ADDRESS 13824 CYPRESS VILL. CIR.  
CITY-ST-ZIP TAMPA, FL

TITLE V ☐ DELETE  
NAME PARKS, LUCILLE  
STREET ADDRESS 13824 CPRESS VILL CIRCLE  
CITY-ST-ZIP TAMPA, FL

TITLE P ☐ DELETE  
NAME SUAREZ PARKS, KATHY  
STREET ADDRESS 12915 GOLF CREST TERR  
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Same ☒ Change ☐ Addition  
1.2 NAME Same  
1.3 STREET ADDRESS 12720 CASEY ROAD  
1.4 CITY-ST-ZIP TAMPA, FLORIDA 33624

2.1 TITLE Same ☒ Change ☐ Addition  
2.2 NAME Same  
2.3 STREET ADDRESS 12720 CASEY ROAD  
2.4 CITY-ST-ZIP TAMPA, FLORIDA 33624

3.1 TITLE Same ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 12718 CASEY ROAD  
3.4 CITY-ST-ZIP TAMPA, FLORIDA 33624

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby 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.

SIGNATURE:

LUCILLE PARKS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0300217

CR2E034 (9/96)

Lucille Parks 1/13/97 813)961-8506