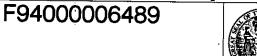
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #





FILED Feb 27, 2003 8:00 am Secretary of State

M.K.T., INC.							02-27-2003 90183 040 ***150.00			
Principal Place of Business 4317 W. PENSACOLA ST. TALLAHASSEE FL 32304 US Mailing Address 4317 W. PENSACOLA ST TALLAHASSEE FL 32304 US						- April - No		: // 18 14 1 D isks 81 0	- : 41 Jahra (82) (82)	
Principal Place of Business 3. Mailing Address						· •				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Sta	ate	Cit	City & State			4.	4. FEI Number 56-1888251 Applied For			
Zip	Country	Zip)	Coun	try	5.	Certificate of Status Desired	\$8.75 A Fee Requi	Not Applicable	
-	6. Name and Address of Curr	ent Register	ed Agent	-	Name	7.	Name and Address of New Registere			
CALDWELL, EDDIE M 4317 W. PENSACOLA ST. TALLAHASSEE FL 32304					Street Address (P.O. Box Number is Not Acceptable)					
•			City			■ Zip Co				
8. The above the obligation of the obligation of the state of the stat	inone or registered agent.				ed office or regis		gent, or both, in the State of Florida. I an		, and accept	
Afte Make Chec	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	00 t of State					Election Campaign Financing Trust Fund Contribution.	\$5.0 Adde	00 May Be d to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALDWELL, EDDIE M 500 LAUREL SPRINGS DR AP DURHAM NC 27713	7 1 7.	Delete		I	AD	DOITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR Change	RS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	VST CALDWELL, SHERYL L 500 LAUREL SPRINGS DR API DURHAM NC 22713	R 50	☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS			☐ Change	Addition	
-TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEVEN T. GAFFNEY 14 QUAIL CT CRAWFORDVILLE FL		Delete	, TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP		and a light of	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	•		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET		14		☐ Change	Addition	

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 10 or Block 11 if

SIGNATURE