FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS G24375 (9) **DOCUMENT #** K F CONCEPTS, INC. Principal Place of Business Marling Address 1325 SE 47TH ST. 1325 SE 47TH ST. CAPE CORAL FL 33904 CAPE CORAL FL 33904 3. Date Incorporated 02/16/1983 3a. Date of Last Report 04/13/1995 2. Principal Place of Business 2a. Mailing Address Applied For 59-2292265 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 П 28 Trust Fund Contribution Added to Fees ZiD Country Country 8. This corporation has liability for intangible tax under s. 199.032 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WHITNEY, FRANK Street Address (P.O. Box Number is Not Acceptable) 82 1325 SE 47TH ST. CAPE CORAL FL 33904 83 85 Zip Code FL 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Scotlan 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agest and this it as plicare NOTE Regulers LAjent signature origin CR2E034 (12/95) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.11111 Change Addition WHITNEY, FRANK NAME 1.2 NAME 1325 SE 47TH ST. STREET ADDRESS 13 STREET ADDRESS CAPE CORAL FL CHY-ST-ZIP 1.4 O(F) - S1 - Z(P) TITLE DELETE 2 1 THLE ☐ Change Addition WHITNEY, FRANK NAME 1325 SE 47TH ST. STREET ADDRESS 2.3 STREET ADDRESS CAPE CORAL FL CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELFTE 3 1 TITLE Change Add tion NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - \$1 - 7IP TITLE DELETE 4 1 T:TLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP TITLE DELETE 5 1 THE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-ZIP 5.4 CHY-ST-ZIP TITLE DELETE 6 1 THILE Change Add tion 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY S1-ZIP 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(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and trust 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

G OFFICER OR DIRECTOR

an attachment with an address

appears in Block 12 or Block 13

SIGNATURE: