

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # **G92732** (8)

50 MAY - 1 11:20:53

GKO, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Office Location: 347 FOXRIDGE ROAD, ORANGE PARK FL 32065  
Mailing Address: 347 FOXRIDGE ROAD, ORANGE PARK FL 32065

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporation or Qualification: **03/23/1984**  
3a. Date of Last Report: **05/01/1994**

2. Principal Office of the State	26. Mailing Address	4. FEI Number	Applied For
21. State Apt. # (if any)	27. State Apt. # (if any)	<b>59-2399768</b>	Not Applicable
22. City & State	28. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. City & State	29. City & State	30. Country	B. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>GRAVES, KEITH C.</b> <b>234 RIVERSIDE AVENUE</b> <b>JACKSONVILLE FL 32202</b>	B1. Name
	B2. Street Address (P.O. Box Number is Not Acceptable)
	B3. City
	B4. State <b>FL</b> B5. Zip Code

11. Pursuant to the provisions of Sections 607.0503 and 607.1003, 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, except the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)	
NAME	PD GRAVES, KEITH C. 234 RIVERSIDE AVENUE JACKSONVILLE FL	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD QUINN, JOHN J., III 2818 VILLAGE GROVE DRIVE JACKSONVILLE FL	2. NAME	
NAME	DST KEIL, KENNETH J. 347 FOX RIDGE ROAD ORANGE PARK FL	3. STREET ADDRESS	
NAME		4. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
NAME		6. STREET ADDRESS	
NAME		7. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		8. NAME	
NAME		9. STREET ADDRESS	
NAME		10. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information required on this form is substantially true and correct and that the corporation is in good standing for the reporting period as required by Section 607.0503, Florida Statutes. I further certify that the information is filed on the annual report or supplemental annual report as required and applicable and that my signature shall have the same legal effect as if made on the truth that I am an officer or director of the corporation or the reason for director resignation to complete this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1 or Block 2 of a change of control affidavit with an address.

SIGNATURE: *Kenneth J. Keil* Kenneth J Keil 4/26/95 904-272-7120  
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR