

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90004 010 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # H82792**

1. Corporation Name

**K R G ENTERPRISES, INC.**

Principal Place of Business

**HWY.309 & PALMETTO AVE.**  
**P.O.BOX 1121**  
**WELAKA FL 32193-1121**

Mailing Address

**HWY.309 & PALMETTO AVE.**  
**P.O.BOX 1121**  
**WELAKA FL 32193-1121**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

**10/28/1985**

4. FEI Number

**59-2594199**

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 owes the current year Intangible Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

**24** **25**

28 Zip Country

**29** **30**

9. Name and Address of Current Registered Agent

**MAHAFFEY, JOHN D., JR.**  
**3438 LAWTON ROAD**  
**SUITE 200**  
**ORLANDO FL 32803**

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	PT	<input type="checkbox"/> DELETE
NAME	GOODWIN, KENNETH R.	
STREET ADDRESS	3390 PERSHING AVE.	
CITY-ST-ZIP	ORLANDO FL	

TITLE	VPS	<input type="checkbox"/> DELETE
NAME	GOODWIN, BARBARA	
STREET ADDRESS	3390 PERSHING AVE.	
CITY-ST-ZIP	ORLANDO FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GOODWIN, KENNETH R.	
1.3 STREET ADDRESS	P.O. Box 693	
1.4 CITY-ST-ZIP	WELAKA, FL 32193	

2.1 TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GOODWIN, BARBARA	
2.3 STREET ADDRESS	P.O. Box 693	
2.4 CITY-ST-ZIP	WELAKA, FL 32193	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

Kenneth B. Goodwin

(904) 467-2921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

5-1-99

CR2E034 (11/98)