

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 24, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # H82792**1. Entity Name  
K R G ENTERPRISES, INC.**Principal Place of Business**HWY.309 & PALMETTO AVE.  
P.O.BOX 1121  
WELAKA  
321931121

FL

**Mailing Address**HWY.309 & PALMETTO AVE.  
P.O.BOX 1121  
WELAKA  
321931121

FL

**2. Principal Place of Business**

132 NORTON'S FISH CAMP RD

**3. Mailing Address**

P.O. BOX 693

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

WELAKA FL

**City & State**

WELAKA FL

**4. FEI Number****59-2594199**

Applied For

Not Applicable

Zip  
32193

Country

Zip  
32193

Country

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**MAHAFFEY, JOHN D., JR.  
3438 LAWTON ROAD  
SUITE 200  
ORLANDO  
32803

US

FL

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ **04/24/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	VPS	<input type="checkbox"/> Delete
NAME	GOODWIN, BARBARA	
STREET ADDRESS	P.O. BOX 693	
CITY-ST-ZIP	WELAKA FL 32193	
TITLE	PT	<input type="checkbox"/> Delete
NAME	GOODWIN, KENNETH R.	
STREET ADDRESS	P.O. BOX 693	
CITY-ST-ZIP	WELAKA FL 32193	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Barbara H Goodwin

VPS

04/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)