FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 4:06

DOCUMENT # H91249 (3)

1. Corporation Name
FIVE RK, INC.

Principal Place of Business	Mailing Address
% S. SUZETTE RUSSELL 1215 E. AMELIA ST. ORLANDO FL 32803	1510 GRANVILLE LANE 1215 E. AMELIA ST. ORLANDO FL 32803 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1985
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business
21 180 S. Knowles Avenue
22 Suite, Apt. #, etc. Suite # 9
23 City & State Winter Park, Florida
24 Zip 32789 25 Country U.S.A.

2a. Mailing Address
26 180 S. Knowles Avenue
27 Suite, Apt. #, etc. Suite # 9
28 City & State Winter Park, Florida
29 Zip 32789 30 Country U.S.A.

4. FEI Number 58-1654461 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RUSSELL, S. SUZETTE
1215 E. AMELIA ST.,
ORLANDO FL 32803

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable) 180 S. Knowles Avenue, Suite #9
93
94 City Winter Park FL 95 Zip 32789

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	11 TITLE	☒ Change ☐ Addition
NAME	RUSSELL, J. GARY	12 NAME	
STREET ADDRESS	1921 HOFFNER AVE.	13 STREET ADDRESS	608 E. Central Avenue
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	Orlando , Fla. 32801
TITLE	DP	21 TITLE	☒ Change ☐ Addition
NAME	RUSSELL, JAMELA K.	22 NAME	
STREET ADDRESS	1361 PLACE VENDOME	23 STREET ADDRESS	1508 Granville Lane
CITY-ST-ZIP	WINTER PARK FL	24 CITY-ST-ZIP	Orlando, Fla. 32803
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	RUSSELL, S. SUZETTE	32 NAME	
STREET ADDRESS	1010 MUNSTER STREET	33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	
TITLE	DT	41 TITLE	☒ Change ☐ Addition
NAME	EMORY, CRYSTAL C.	42 NAME	Crystal C. Kirkpatrick
STREET ADDRESS	1610 OVERDALE ST	43 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	
TITLE	DS	51 TITLE	☒ Change ☐ Addition
NAME	MIZERAK, LESLIE R.	52 NAME	
STREET ADDRESS	1215 E. AMELIA STREET	53 STREET ADDRESS	180 S. Knowles Avenue, Suite 9
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP	Winter Park, Fl. 32789
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-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)(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.

SIGNATURE: Crystal C. Kirkpatrick 1/31/95 (407) 644-6030
SIGNATURE AND TYPED OR PRINTED NAME OF MICHIGAN OFFICER OR DIRECTOR Crystal C. Kirkpatrick Treasurer
Date Daytime Phone #

0095074 CP