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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J12606** **(6)**

1. Corporation Name
K & J HOMES, INC.

Principal Place of Business	Mailing Address
% KIRK H. WILLIAMS 850 LYNS DR. LONGWOOD FL 32750	% KIRK H. WILLIAMS 850 LYNS DR. LONGWOOD FL 32750

3. Date Incorporated or Qualified: **05/05/1986**
3a. Date of Last Report: **04/19/1995**

2. Principal Place of Business
21: 4906 RED BRICK RUN
22: Suite, Apt. #, etc.
23: SANFORD, FL.
24: 32771
25: Country: SEMINOLE

2a. Mailing Address
26: 4906 RED BRICK RUN
27: Suite, Apt. #, etc.
28: SANFORD, FL.
29: 32771
30: Country: SEMINOLE

4. FEI Number: **59-2674286** ☐ 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

WILLIAMS, KIRK H.
850 LYNS DR.
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name: KIRK H. WILLIAMS
82 Street Address (P.O. Box Number is Not Acceptable): 4906 RED BRICK RUN
83:
84 City: SANFORD **FL** 85 Zip Code: 32771

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: _____ 5-30-96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WILLIAMS, KIRK H. 850 LYNS DRIVE LONGWOOD FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 4906 RED BRICK RUN SANFORD FL. 32771
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD WILLIAMS, JO ELLEN C. 850 LYNS DRIVE LONGWOOD FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 4906 RED BRICK RUN SANFORD FL. 32771
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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 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: _____ KIRK H. WILLIAMS 5-30-96 (407)321-2256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #