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Apr 21, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J46259

1. Corporation Name

PAUL DAVIS SYSTEMS, INC. OF SEMINOLE COUNTY CHANGED 2/12/99

to; CKR VENTURES, INC. OF FLORIDA

Principal Place of Business

260 WILSHIRE BLVD.
CASSELBERRY FL 32707
US

Mailing Address

260 WILSHIRE BLVD.
CASSELBERRY FL 32707
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1986

4. FEI Number

59-2751801

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 3348 Hamlet Loop

Suite, Apt. #, etc.

2a. Mailing Address

26 3348 Hamlet Loop

Suite, Apt. #, etc.

City & State

23 Winter Park, FL

Zip Country

24 32792 25 Seminole

City & State

28 Winter Park, FL

Zip Country

29 32792 30 Seminole

9. Name and Address of Current Registered Agent

RAYBON, KENNETH H
260 WILSHIRE BLVD.
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name

KENNETH H. RAYBON

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

83

3348 Hamlet Loop

84

City Winter Park

FL

85 Zip Code
32792

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)

4/17/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
RAYBON, KENNETH H
STREET ADDRESS
362 AQUARINA BLVD.
CITY-ST-ZIP
MELBOURNE FL

TITLE ☐ DELETE

NAME
TS
RAYBON, CYNTHIA
STREET ADDRESS
362 AQUARINA BLVD.
CITY-ST-ZIP
MELBOURNE FL

TITLE ☒ DELETE

NAME
DAVIS, WILLIAM
STREET ADDRESS
3505 OAKWATER POINTE DR
CITY-ST-ZIP
ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
President

1.3 STREET ADDRESS
Kenneth H. Raybon

1.4 CITY-ST-ZIP
3348 Hamlet Loop

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
Treasurer/Secretary

2.3 STREET ADDRESS
Cynthia Raybon

2.4 CITY-ST-ZIP
3348 Hamlet Loop

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 17, 1999

(407) 671-9286

Date

Daytime Phone #

CR2E034 (1/198)