FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	J62341
4. Commenter Name	

Corporation Name

J.K.G.C., INC.

Principal Place of Business	
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% ROBERT K. MILLER 2975 OVERSEAS HIGHWAY MARATHON FL 33050

Mailing Address

% ROBERT K. MILLER 2975 OVERSEAS HIGHWAY MARATHON FL 33050

FILED Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90010 013 ***150.00



DΩ	NOT	WRITE	IN THIS	SPACE

3. Date Incorporated or Qualifed

					03/12/1987		
2. Principal P	Nace of Business	2a. Mailing Address		4. FEI Number	Ap	plied For	
21		26			52-1504282	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75./	
22		27				Fee Re	equired
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added 1	to Fees
Zip	Country	Zip	Counti	ry	8. This corporation owes the current year	Intangible	
24	25	29	30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registere	d Agent	
			8	1 Name			
	Lerr, robert K.		8	2 Street	Address (P.O. Box Number is Not Acceptable)		
	5 OVERSEAS HIGHWAY		ľ	2 30000	Address (1.0. box Halliber is Her Heespiesle)		_
MAR	RATHON FL 33050		8	3			
	•		L				
			8	4 City	F	85 Zip (Code
44 D	A di considera ef Continuo 607 056	22 and 607 1509 Elorida Statutor	e the abo	ve-named	corporation submits this statement for the purpose		registered
office or r	registered agent or both in the State	of Florida. Such change was au	thorized b	v the corpo	oration's board of directors. I hereby accept the app	ointment as re	gistered
agent. I a	am familiar with, and accept the obliga	ations of, Section 607.0505, Flori	da Statute	es.			
SIGNATURE	<u> </u>						
	Signature, typed or printed name of registered age		_	ent signature r	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DC IN 12
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Additio
TITLE	PD	. DELETE	1.1 TITLE				
NAME	BALDWIN, GEORGE W.	•	12 NAME	Ē			
STREET ADDRESS			1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	SALISBURY MD		1.4 CITY-	ST-ZIP			
TITLE	VSTD	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	BALDWIN, CLAUDIA S.		2.2 NAM	Ĕ			
STREET ADDRESS	1204 TANEY AVENUE		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	SALISBURY MD	1 P	2.4 CITY	-ST-ZIP		~	_
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME	<u> </u>			
STREET ADORESS				ET ADDRESS			
			1				
CITY-ST-ZIP	-	☐ DELETE	3.4. CITY 4.1 TITLE			Change	☐ Additio
TITLE	1	☐ pttere					
NAME			4. 2 NAM	-			
STREET ADDRESS				ET ADDRESS		•	
CITY-ST-ZIP			4.4 CITY		ļ		
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME	İ			
STREET ADDRESS	;			ET ADDRESS			
CITY-ST-ZIP	(_	5.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Additio
NAME			6.2 NAMI	E			
STREET ADDRESS	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		6.3 STRE	ET ADDRESS			
STREET ALDERESS	1		6.4 CITY				
Lativa Sta 7IP							

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: