## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 22, 2000 8:00 am Secretary of State **DOCUMENT # J62341** 1. Entity Name J.K.G.C., INC. 03-22-2000 90084 013 \*\*\*150.00 Principal Place of Business Mailing Address % ROBERT K. MILLER % ROBERT K. MILLER 2975 OVERSEAS HIGHWAY 2975 OVERSEAS HIGHWAY MARATHON FL 33050 MARATHON FL 33050-2235 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 52-1504282 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLERR, ROBERT K. Street Address (P.O. Box Number is Not Acceptable) 2975 OVERSEAS HIGHWAY MARATHON FL 33050 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Jax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State . (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DD/6/ 75UJCEU PD TITLE Change ☐ Addition TITLE ☐ Delete BALDWIN, GEORGE W. NAME NAME STREET ADDRESS STREET ADDRESS 1204 TANEY AVENUE CITY-ST-ZIP CITY-ST-ZIP SALISBURY MD Change ☐ Addition TITLE VSTD ☐ Delete TITLE BALDWIN, CLAUDIA S. NAME NAME STREET ADDRESS STREET ADDRESS 1204 TANEY AVENUE CITY-ST-ZIP CITY-ST-ZIP SALISBURY MD ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SOURCE W BALD WIN

CITY-ST-ZIP