2001 UNIFORM BUSINESS REPORT (UBR)

Apr 03, 2001 8:00 am Secretary of State **DOCUMENT # J62341** 1. Entity Name J.K.G.C., INC. 04-03-2001 90022 021 ***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 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 52-1504282 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLERR, ROBERT K. Street Address (P.O. Box Number is Not Acceptable) 2975 OVERSEAS HIGHWAY MARATHON FL 33050 City Zip Code FL 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 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 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Tax filing requirement and elects to do so. -Trust-Fund Contribution. - _ _ _ _ Added to Fees-(See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, 12. TITLE ☐ Delete BALDWIN, GEORGE W. NAME NAME STREET ADDRESS 1204 TANEY AVENUE STREET ADDRESS CITY-ST-ZIP SALISBURY MD CITY-ST-ZIP VSTD ☐ Delete TITLE ☐ Change ☐ Addition BALDWIN, CLAUDIA S. NAME NAME 1204 TANEY AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SALISBURY MD TITLE TITLE ☐ Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 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.

3-25-61 4/6.7/2.7407