

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J71044 (8)
1. Corporation Name
K. K., INC.

Principal Place of Business
**210 NW 12TH ST.
OKEECHOBEE FL 34972**

Mailing Address
**210 NW 12TH ST.
OKEECHOBEE FL 34972**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 410 SE 2nd Ave Suite, Apt. #, etc. 22 City & State 23 Okeechobee FL Zip 24 34974		2a. Mailing Address 25 410 SE 2nd Ave Suite, Apt. #, etc. 26 City & State 27 Okeechobee, FL Zip 28 34974		3. Date Incorporated or Qualified 05/01/1987	
4. FEI Number 59-2808981		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent CONNER, KATHLEEN ELLEN 210 NW 12TH STREET OKEECHOBEE FL 34972			10. Name and Address of New Registered Agent 81 Name Dodd, Kathleen Ellen 82 Street Address (P.O. Box Number is Not Acceptable) 410 SE 2nd Ave 83 84 City Okeechobee FL 85 Zip Code 34974		

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 Kathleen E. Dodd DATE 4/29/98
Signature, typed, and printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD CONNER, KATHLEEN ELLEN 210 NW 12TH STREET OKEECHOBEE FL	1.1 TITLE	STD Dodd, Kathleen Ellen 410 SE 2nd Ave Okeechobee, FL
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V CONNER, THOMAS E. 450 N. ISORA CLEWISTON FL	2.1 TITLE	V EUGENE CONNER HCR 61, BOX 435 Clewiston, FL
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	AST CONNER, FRANCES HCR 61, BOX 435 CLEWISTON FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	P BILLY GENE DODD, JR. 210 NW 12TH STREET OKEECHOBEE FL	4.1 TITLE	P Billy Gene Dodd, Jr 410 SE 2nd Ave Okeechobee, FL
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE Kathleen E. Dodd DATE 4/29/98 941-350-2442

CR2E034 (10/97)