FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J96259 (3)

1. Corporation Name
K & N SURVEYORS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
9040 BELVEDERE RD #100 (33411) PO BOX 19494 WEST PALM BCH FL 33416-9494	9040 BELVEDERE RD #100 (33411) PO BOX 19494 WEST PALM BCH FL 33416-9494

3. Date Incorporated or Qualified: 10/02/1987
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip / Country
24 / 25

2a. Mailing Address
26 P.O. BOX 210334
Suite, Apt. #, etc.
27
City & State
28 WEST PALM BEACH, FLORIDA
Zip / Country
29 33421-0334 / 30

4. FEI Number: 65-0007980 ☐ 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 has liability for intangible tax under S 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WITKOWSKI, RONALD, ESQUIRE
12788 W. FOREST HILL BLVD, #1002
WEST PALM BEACH FL 33414

10. Name and Address of New Registered Agent

81 Name: DRENNEN L. WHITMIRE, JR.
82 Street Address (P.O. Box Number is Not Acceptable): 500 SOUTH AUSTRALIAN AVENUE
83 CLEARLAKE PLAZA - SUITE 800
84 City: WEST PALM BEACH FL 85 Zip Code: 33401

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 _____ 4/27/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE	PTD	☒ Change ☐ Addition
NAME	KRICK, PETER T.	12 NAME	KRICK, SARA W.	
STREET ADDRESS	10517 ACME RD	13 STREET ADDRESS	10517 ACME ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL	14 CITY-ST-ZIP	WEST PALM BEACH, FL 33414	
TITLE	VSD	21 TITLE	VS	☒ Change ☐ Addition
NAME	KRICK, SARA W.	22 NAME	KRICK, PETER T.	
STREET ADDRESS	10517 ACME RD	23 STREET ADDRESS	10517 ACME ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL	24 CITY-ST-ZIP	WEST PALM BEACH, FLORIDA 33414	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Sara W. Krick, Pres SARA W. KRICK, PRESIDENT 4-25-95 (407)798-5005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0436244 FP