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 # K24216

B & K H(OLDINGS, INC.	-					
Principal Plac	e of Business	Mailing Address				f DIEzt ordit aratz aratz ald	ALL OLDER HOUSE
1634 SUMMIT WAY P O BOX 8235 P.O. BOX 8235 CLEARWATER FL 33758-8235 DUNEDIN FL 34698 US					DO NOT WRITE IN THIS SPACE		
JS .					3. Date Incorporated or Qualifed		ĺ
2 Mailine Address					05/18/1988 4. FEI Number	Ani	plied For
2. Principal Place of Business 2a. Mailing Address					59-2890962	<u> </u>	t Applicable
Suite, Apt. #, etc. Suite, Apt. #			itc.		5. Certificate of Status Desired	\$8.75 A	
22 City & Stat	9	City & State			6. Election Campaign Financing	\$5.00	<u></u>
23	G	28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country		8. This corporation owes the current		
24	25	29 30	0		Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent		L 11	10. Name and Address of New Reg	stered Agent	
DACK	IN HAMPEN H III ESO		81	Name	<u>.</u>		
BASKIN, HAMDEN H. III ESQ 501 S FT HARRISON AVE			82	Street Add	iress (P.O. Box Number is Not Acceptable)	
SUITE 206			83	-			
CLEARWATER FL 34616			65				
			84	City		FL 85 Zip C	Code
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Re	egistered Ager	nt signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO	
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	POWER, BRUCE L. SR		1.2 NAME				
STREET ADDRESS	ARRA ALBANT METALLA		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	DUNEDIN FL		1.4 CITY-S	T-ZIP			
TITLE	S	☐ DELETË	2.1 TITLE			☐ Change	☐ Addition
NAME	BUXTON, KENNETH B.		2.2 NAME				
STREET ADDRESS			1	TADDRESS	_		_
CITY-ST-ZIP	CLEARWATER FL	□ DELETE	2.4 CITY-5	ST-ZIP 1		☐ Change	Addition
TITLE			3.1 TITLE				
NAME			3.2 NAME	T ADDRESS			•
STREET ADDRESS			3.4. CITY-S				
TITLE	-	☐ DELE TE	4.1 TITLE	91-ZIF		Change	Addition
NAME		_	4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	iT-ZiP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADORESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE	,	•	☐ Change	☐ Addition
NAME	,		6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRE\$S			

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 trusted 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

727-734-3399

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90074 013 ***150.00