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**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name

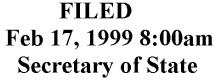
DOCUMENT # **K35099** 



Secretary of State DIVISION OF CORPORATIONS

## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

02-17-1999 90066 013 \*\*\*150.00



KIRKER, INC. Principal Place of Business Mailing Address 2480 JOE ASHTON RD 2480 JOE ASHTON RD 3965 SUSAN DRIVE 3965 SUSAN DRIVE ST AUGUSTINE FL 32092 ST AUGUSTINE FL 32092 DO NOT WRITE IN THIS SPACE HS 3. Date Incorporated or Qualifed 09/29/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 <del>59-2937435</del> Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible 24 25 29 30 Personal Property Tax. □No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name STEVE KIRKER 82 2480 JOE ASHTON RD Street Address (P.O. Box Number is Not Acceptable) ST AUGUSTINE FL 32092 83 84 City Zip Code 85 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 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** Signature, typed or 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 ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition NAME STEVE KIRKER 1.2 NAME STREET ADDRESS 2480 JOE ASHTON RD 1.3 STREET ADDRESS ST AUGUSTINE FL 32092 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE ☐ DELETE 2.1 TITLE ☐ Change Addition NAME KEITH KIRKER 2.2 NAME 2480 JOE ASHTON RD STREET ADDRESS 2.3 STREET ADDRESS ST AUGUSTINE FL 32092 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE ☐ DELETE 4.1 TITLE ☐ Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE ☐ DELETE 5.1 TITLE ☐ Change ☐ Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE ☐ DELETE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE:

Teve

1-26-99 904-571-4404

CR2E034 (11/98)