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

**PROFIT CORPORATION** 



FLORIDA DEPARTMENT OF STATE

C.P.J.K., INC.

Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # K65112 (0)

## **FILED** Apr 24 1997 8:00am

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| Principal Place of Business Mailing Address   |  |                                     |                         |   | DTBTT BYDYL BIBUT BABYL DIBIL BYBYL FBB1      |                                    |
|---|--|-------------------------------------|-------------------------|---|---|------------------------------------|
| \$503 128T E  |  | 3106 22ND AVENUE, WEST              |                         | }   |   |                                    |
| BRADENTON FL 34203  |  | BRADENTON FL 34205-3026             |                         |   |   |                                    |
| US  |  |                                     |                         |   |   |                                    |
| •   |  |                                     |                         |   | 3. Date Incorporated or Qualified 02/13/1989  | 3a. Date of Last Report 05/01/1996 |
| 2. Principal P  | lace of Business   | 28. Mailing Address                 |                         |   | 4. FEI Number                                 | Applied For                        |
| 21 Culto Art # ata  |  | 26                                  |                         | 65-0104698                                | Not Applicable                                |                                    |
| Sulte, Apt. #, etc.   |  | Suite, Apt. #, etc.                 |                         | 5. Certificate of Status Desired          | \$8.75 Additional 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 Countr                          |                         | у   | 8. This corporation has liability for in      |                                    |
| 24  | 25 29 29 9. Name and Address of Current Registered Agent |                                     | Florida Statutes Yes No |   |   |                                    |
|   | <del>,</del>   | it Registered Agent                 | 81                      | Name                                      | 10. Name and Address of New Reg               | gistered Agent                     |
| HARMON, CHESTER A.<br>3108 22ND AVENUE WEST   |  |                                     | 01                      | Name                                      |   |                                    |
| 3106<br>BRA   |  | 82                                  | Street Ac               | ddress (P.O. Box Number is Not Acceptable | le)   |                                    |
| 5.71  |  |                                     | 83                      |   |   |                                    |
|   |  |                                     | 84                      | City                                      |   | FL 85 Zip Code                     |
| 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, Soction 607.0505, Florida Statutes.   |  |                                     |                         |   |   |                                    |
| SIGNATURE   | Signalure, typed or printed name of registered age       | ent and title if applicable. (NOTE  | Registered Ag           | ent signature re                          | quired when reinstalling)                     | DATE                               |
| 12.   |  | D DIRECTORS                         | 13.                     | · · · · · · · · · · · · · · · · · · ·     | ADDITIONS/CHANGES TO OFFICE                   | ERS AND DIRECTORS IN 12            |
| TITLE   | PS   | ☐ DELETE                            | 1.1 TillE               |   |   | Change Addition                    |
| NAME  | HARMON, PATRICIA A.                                      |                                     | 1.2 NAME                | 1   |   |                                    |
| STREET ADDRESS  | 3106 22ND AVE., WEST                                     |                                     | 1.3 STREF               | T ADDRESS                                 |   |                                    |
| CITY-ST-ZIP   | BRADENTON FL   |                                     | 14 CITY-:               | S1 - <b>Z</b> IP                          |   |                                    |
| TITLE   | VT   | ☐ DELETE                            | 2.1 TITLE               |   |   | Change Addition                    |
| NAME  | HARMON, CHESTER A.                                       |                                     | 2.2 NAME                |   |   |                                    |
| STREET ADDRESS  | 3106 22ND AVE., WEST                                     |                                     | 2.3 STREE               | 1 ADDRESS                                 |   |                                    |
| CITY-ST-ZIP   | BRADENTON FL   |                                     | 2. 4 CITY-              | ST - 71P                                  |   |                                    |
| TITLE   | ·  | ☐ DELETE                            | 3.1 TITLE               | }   |   | Change Addition                    |
| NAME  |  |                                     | 3.2 NAME                |   |   |                                    |
| STREET ADDRESS  |  |                                     | 1                       | I ADDRESS                                 |   |                                    |
| CITY-ST-ZIP   |  | □ bterr                             | 3.4 CITY-               | S1-ZIP                                    |   | Choose Lawrence                    |
| TITLE   |  | ☐ DELETE                            | 4.1 TITLE               |   |   | Change Addition                    |
| NAME  |  |                                     | 4. 2 NAME               | - 1                                       |   |                                    |
| STREET ADORESS  |  |                                     | 1                       | 1 ADDRESS                                 |   |                                    |
| CITY-ST-ZIP   |  | Detere                              | 4.4 Crity-1             | SI-7IP                                    |   | Chance Addition                    |
| TITLE   |  | L_ DELETE                           | 5.1 TITLE               |   |   | Change Addition                    |
| NAME<br>OTDEET ADDRESS  |  |                                     | 5.2 NAME                | T ADDRESS                                 |   |                                    |
| STREET ADDRESS  |  |                                     |                         | T ADDRESS                                 |   |                                    |
| CITY-ST-ZIP<br>TITLE  |  | DELETE                              | 5.4 CITY-:<br>6.1 TITLE | 51 - ZIP                                  |   | Change Addition                    |
| NAME  |  | Lad Percit                          | 6.2 NAME                | }   |   | First Countries First Specificity  |
| STREET ADDRESS  |  |                                     | 4                       | 1 ADDRESS                                 |   |                                    |
| CITY-ST-ZIP   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                    |                                     | 6.4 GHY-                |   |   |                                    |
| 14. I do herel  | by certify that the information supplie                  | d with this filing does not qualify | for the exe             | emption sta                               | ted in Section 119.07(3)(i), Florida Statutes | s. 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 eath; 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, Torida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. |  |                                     |                         |   |   |                                    |