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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K76729** (8)

1. Corporation Name

**KKFI, INC.**

Principal Place of Business

**313 WEST SOUTH PARK STREET  
OKEECHOBEE FL 34972-4162**

Mailing Address

**313 WEST SOUTH PARK STREET  
OKEECHOBEE FL 34972-4162**



2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**VARNAORE, MARGIE  
313 WEST SOUTH PARK STREET  
OKEECHOBEE FL 34974**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0902 and 607.1503, 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, Sections 607.0903, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Signature of Officer or Director

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DPS**  
STREET ADDRESS **VARNAORE, MARGIE**  
CITY-STATE-ZIP **313 W. SOUTH PARK ST.**  
**OKEECHOBEE FL**

TITLE ☐ DELETE

NAME **T**  
STREET ADDRESS **VARNAORE, MARGIE**  
CITY-STATE-ZIP **313 W. SOUTH PARK ST.**  
**OKEECHOBEE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is true and correct, and does not omit, for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is supplemental annual report, 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 person or persons 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 any other block with an address.

SIGNATURE: *Margi Varnadore*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-96 941-763-8815  
Date Filed Fee

CR2E034 (12/95)