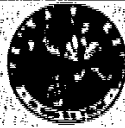


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 AM 9:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # K95312

(0)

1. Corporation Name

R. K. INDUSTRIES, INC.

Principal Place of Business

**2780 NE 7TH AVE
POMPANO BCH FL 33064
US**

Mailing Address

**2780 NE 7TH AVE
POMPANO BCH FL 33064
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/13/1989

3a. Date of Last Report

07/06/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

23

Zip

Country

City & State

27

Zip

Country

4. FEI Number

65-0129982

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**

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**ZIMMERMAN, NORMAN D.
737 E ATLANTIC BLVD
POMPANO BEACH FL 33060**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	KNOX, RICK
STREET ADDRESS	3116 DUNLON RD
CITY- ST- ZIP	DELRAY BEACH FL
TITLE	V
NAME	WILHELM, KEITH
STREET ADDRESS	5502 AMERICAN CIR
CITY- ST- ZIP	DELRAY BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	NEW DIRECTOR, TREASURER,	☐ Change	☒ Addition
1.2 NAME	DELRAY BCH FL		
1.3 STREET ADDRESS			
1.4 CITY- ST- ZIP			
2.1 TITLE		☒ Change	☐ Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY- ST- ZIP			
3.1 TITLE	NEW DIRECTOR,	☐ Change	☒ Addition
3.2 NAME	SECRETARY		
3.3 STREET ADDRESS			
3.4 CITY- ST- ZIP			
4.1 TITLE		☐ Change	☐ Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY- ST- ZIP			
5.1 TITLE		☐ Change	☐ Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY- ST- ZIP			
6.1 TITLE		☐ Change	☐ Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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 110.07(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 applicable or on an attachment with an address.

SIGNATURE:

RICK L. KNOX

4-17-95

305-943-2802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #