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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04303

I. Corporation Name

S & K REALTY, INC.

Principal Place of Business Mailing Address % SAM LEWIS % SAM LEWIS 5316-18 PEARL ST 5316-18 PEARL ST DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32208 JACKSONVILLE FL 32208 3. Date Incorporated or Qualifed 07/20/1989 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-2964096 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Żip Country This corporation owes the current year Intangible ☐ Yes □No 25 24 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LEWIS, SAM 82 Street Address (P.O. Box Number is Not Acceptable) 5316-18 PEARL ST JACKSONVILLE FL 32208 4.19 84 City 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, Section 607.0505, Florida Statutes. 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 □ DELETE ☐ Addition TITLE 1.1 TITLE ☐ Change LEWIS, SAM NAME 1.2 NAME 3959 MUIRFIELD BLVD E 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32225 CITY-ST-ZIP 1.4 CITY-ST-ZIP C DELETE ☐ Change Addition TITLE 2.1 TITLE LEWIS, MITCHELL B. NAME 2.2 NAME 4112 BLACKPOOL DRIVE 2.3 STREET ADDRESS STREET ADDRESS **PLANO TX 75093** CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change [] Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP □ DELETE Addition TITLE 5.1 TITLE ☐ Change 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. 5.4 CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change TITLE ☐ Addition

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 trustete 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE;

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 /8/99 Date

(904) 355-3427

CR2E034 (11/98)

FILED

Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90062 022 ***150.00