FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L60650** **(3)**

1. Corporation Name
R.K. PROPERTIES, INC.

Principal Place of Business
228 N. THIRD AVENUE
JACKSONVILLE FL 32250
US

Mailing Address
228 N. THIRD AVENUE
#7
JACKSONVILLE FL 32233
US

3. Date Incorporated or Qualified: **03/22/1990**
3a. Date of Last Report: **04/24/1995**

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State: **JACKSONVILLE BEACH, FL**
24 Zip
25 Country

2a. Mailing Address
26 **228 N. THIRD AVE.**
27 Suite, Apt. #, etc.: **0**
28 City & State: **JACKSONVILLE BEACH FL**
29 Zip: **32260**
30 Country: **USA**

4. FEI Number: **59-2996379** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KJAR, ROGER B.
1660 BEACH AVE.
#7
ATLANTIC BEACH FL 32233

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **332 THIRD ST**
83
84 City: **ATLANTIC BEACH** **FL** 85 Zip Code: **32233**

11. Pursuant to the provisions of Section 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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	11 TITLE	☐ Change ☒ Addition
NAME	KJAR, ROGER B	12 NAME	
STREET ADDRESS	332 THIRD ST.	13 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL	14 CITY-ST-ZIP	32233
TITLE	VD ☐ DELETE	21 TITLE	☐ Change ☒ Addition
NAME	KJAR, CAROL FREDERES	22 NAME	
STREET ADDRESS	332 THIR ST.	23 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL	24 CITY-ST-ZIP	32233
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true, was voluntarily furnished and 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 added by this amendment with an address.

SIGNATURE: Carol Frederes-Kjar CAROL FREDERES-KJAR 2-14-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

Daytime Phone Number: (904)249-2741

CR2E034 (12/95)