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 # L79170 (1)

1. Corporation Name
K & S MANUFACTURING, INC.

Principal Place of Business
% JOHN KELLY
2611 HWY 40 EAST
INGLIS FL 34449
US

Mailing Address
% JOHN KELLY
2611 HWY 40 EAST
INGLIS FL 34449
US

3. Date Incorporated or Qualified: 06/07/1990
3a. Date of Last Report: 04/18/1995
4. FEI Number: 59-3009382 — 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

2. Principal Place of Business
21 10771 HWY 40 EAST
Suite, Apt. #, etc.
22
City & State
23 INGLIS
Zip
24 34449
Country
25 LEVY

2a. Mailing Address
26 10771 HWY 40 EAST
Suite, Apt. #, etc.
27
City & State
28 INGLIS
Zip
29 34449
Country
30 LEVY

9. **Name and Address of Current Registered Agent**

JOHN W. KELLY
1427 BCH WALKER
AMELIA ISLD FL 32034

10. **Name and Address of New Registered Agent**
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 607.0502 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: AMY SHARKEY
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	KELLY, JOHN W	
STREET ADDRESS	1427 BCH WALKER	
CITY-ST-ZIP	AMELIA ISLD FL	
TITLE	D	☐ DELETE
NAME	SHARKEY, JON	
STREET ADDRESS	11579 OSAGE RD	
CITY-ST-ZIP	DUNNELLON FL	
TITLE	D	☐ DELETE
NAME	KELLY, KEN	
STREET ADDRESS	RT 1 BOX 326-6 NA	
CITY-ST-ZIP	MORRISTON FL	
TITLE	D	☐ DELETE
NAME	SHARKEY, AMY	
STREET ADDRESS	11579 OSAGE RD	
CITY-ST-ZIP	DUNNELLON FL	
TITLE	D	☐ DELETE
NAME	KELLY, MARJORIE	
STREET ADDRESS	1427 BEACH WALKER	
CITY-ST-ZIP	AMELIA ISLAND FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
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		☐ Change ☐ Addition
3.2 NAME		
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 119.07(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 changed, or on an attachment with an address.

SIGNATURE: Amy Sharkey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/96 Date
3524473571 Daytime Phone #

CR2E034 (12/95)