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 # **L95043** **(0)**

1. Corporation Name
J.K.B., INC.

Principal Place of Business	Mailing Address
4933 N. TAMIAMI TRAIL SUITE 300 NAPLES FL 33940 US	4933 N. TAMIAMI TRAIL SUITE 300 NAPLES FL 33940 US

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

3. Date Incorporated or Qualified: **08/20/1990**
3a. Date of Last Report: **03/30/1995**

4. FEI Number: **65-0213157** ☐ 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

GARLICK, THOMAS B.
800 LAUREL OAK DRIVE
SUITE 400
NAPLES FL 33963

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: N/A DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	☐ DELETE	☐ Change ☐ Addition
NAME	GARRETT, DONALD F.		
STREET ADDRESS	4933 N. TAMIAMI TRAIL		
CITY-ST-ZIP	NAPLES FL		
TITLE	PD	☐ DELETE	☐ Change ☐ Addition
NAME	GARRETT, MARGARET A.		
STREET ADDRESS	821 BUTTONBUSH LN		
CITY-ST-ZIP	NAPLES FL		
TITLE	V	☐ DELETE	☐ Change ☐ Addition
NAME	GILBERT, BRUCE C.		
STREET ADDRESS	2232 OUTRIGGER LN		
CITY-ST-ZIP	NAPLES FL		
TITLE		☐ DELETE	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ DELETE	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ DELETE	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this report is 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 on an attachment with an address.

SIGNATURE: Secretary 03.10.96 (941) 643-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER

CR2E034 (12/95)