

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L95043** (0)

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

Principal Place of Business

4933 N. TAMiami TRAIL
SUITE 300
NAPLES FL 33940
IIS

Maple Address

4933 N. TAMiami TRAIL
SUITE 300
NAPLES FL 33940
IIS

2. Principal Place of Business:

2a. Mailing Address

21	Suite, Apt. #, etc.		26	Suite, Apt. #, etc.	
22	City & State		27	City & State	
23	Zip	Country	28	Zip	Country
24		25	29		30

g. Name and Address of Current Registered Agent

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

81 Name:

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

83

84 Cate

85 Zip Code

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(8), Florida Statutes, the above named corporation submits the 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 607.09(6), Florida Statutes.

SIGNATURE

¹ See also, e.g., *United States v. Gurnea*, 199 F.3d 1008, 1014 (9th Cir. 2000).

$$f_{\alpha}^{\beta} = 1 - f_{\alpha-1, \beta-1} - \alpha \beta f_{\alpha-1, \beta} - \alpha \beta f_{\alpha, \beta-1} + \alpha^2 \beta f_{\alpha-2, \beta} + \alpha \beta^2 f_{\alpha, \beta-2} + \alpha^2 \beta^2 f_{\alpha-2, \beta-2}.$$

10318

12. OFFICERS AND DIRECTORS

TITLE	DS	☐ DEFER
NAME	GARRETT, DONALD F.	
STREET ADDRESS	4933 N. TAMiami TRAIL	
CITY, ST, ZIP	NAPLES FL	
TITLE	PD	☐ DEFER
NAME	GARRETT, MARGARET A.	
STREET ADDRESS	821 BUTTONBUSH LN	
CITY, ST, ZIP	NAPLES FL	
TITLE	V	☐ DEFER
NAME	GILBERT, BRUCE C.	
STREET ADDRESS	2232 OUTRIGGER LN	
CITY, ST, ZIP	NAPLES FL	☐ DEFER
TITLE		
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DEFER
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DEFER
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, STATE, ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, STATE, ZIP	
25. TITLE	☐ Change ☐ Addition
26. NAME	
27. STREET ADDRESS	
28. CITY, STATE, ZIP	
29. TITLE	☐ Change ☐ Addition
30. NAME	
31. STREET ADDRESS	
32. CITY, STATE, ZIP	
33. TITLE	☐ Change ☐ Addition
34. NAME	
35. STREET ADDRESS	
36. CITY, STATE, ZIP	
37. TITLE	☐ Change ☐ Addition
38. NAME	
39. STREET ADDRESS	
40. CITY, STATE, ZIP	
41. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, STATE, ZIP	
45. TITLE	☐ Change ☐ Addition
46. NAME	
47. STREET ADDRESS	
48. CITY, STATE, ZIP	
49. TITLE	☐ Change ☐ Addition
50. NAME	
51. STREET ADDRESS	
52. CITY, STATE, ZIP	
53. TITLE	☐ Change ☐ Addition
54. NAME	
55. STREET ADDRESS	
56. CITY, STATE, ZIP	
57. TITLE	☐ Change ☐ Addition
58. NAME	
59. STREET ADDRESS	
60. CITY, STATE, ZIP	
61. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, STATE, ZIP	
65. TITLE	☐ Change ☐ Addition
66. NAME	
67. STREET ADDRESS	
68. CITY, STATE, ZIP	
69. TITLE	☐ Change ☐ Addition
70. NAME	
71. STREET ADDRESS	
72. CITY, STATE, ZIP	
73. TITLE	☐ Change ☐ Addition
74. NAME	
75. STREET ADDRESS	
76. CITY, STATE, ZIP	
77. TITLE	☐ Change ☐ Addition
78. NAME	
79. STREET ADDRESS	
80. CITY, STATE, ZIP	
81. TITLE	☐ Change ☐ Addition
82. NAME	
83. STREET ADDRESS	
84. CITY, STATE, ZIP	
85. TITLE	☐ Change ☐ Addition
86. NAME	
87. STREET ADDRESS	
88. CITY, STATE, ZIP	
89. TITLE	☐ Change ☐ Addition
90. NAME	
91. STREET ADDRESS	
92. CITY, STATE, ZIP	
93. TITLE	☐ Change ☐ Addition
94. NAME	
95. STREET ADDRESS	
96. CITY, STATE, ZIP	
97. TITLE	☐ Change ☐ Addition
98. NAME	
99. STREET ADDRESS	
100. CITY, STATE, ZIP	

14. I do hereby certify that the information supplied with this form 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 applicable annual reports 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 person 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.10.96

(941) 643-2900

CR2E034 (12/95)