FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Jun 25, 2003 8:00 am **Secretary of State** P02000013113 DOCUMENT # 06-25-2003 90075 022 ***550.00 1. Entity Name K-&-D-PROPERTY-MANAGEMENT, INC. 8943 ROSE HILL DRIVE SOUTH 8943 ROSE HILL DRIVE SOUTH JACKSONVILLE FL 32221 JACKSONVILLE FL 32221 2. Principal Place of Business 3. Mailing Address 10319 Meadow Yointe 0319 Meadow Pointe. CHECK HERE IF MAKING CHANGES Applied For 02-0549712 Sitv & State City& State 4. FEI Number Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YELDELL, W. GARY Street Address (P.O. Box Number is Not Acceptable) **VOLPE BAJALIA WICKS & ROGERSON** 1301 RIVERPLACE BLVD STE 1700 JACKSONVILLE FL 32207 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE · FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE Delete TITLE Addition David M. Millis SAPP, KEVIN E NAME NAME 10319 Meadow Pointe Dr. STREET ADDRESS 8943 ROSE HILL DRIVE SOUTH STREET ADDRESS JACKSONVIlle, FL. 32221 CITY-ST-ZIP CHY-ST-ZIP JACKSONVILLE FL 32221 Delete TITLE ☐ Addition TITLE Svea D. NAME NAME SAPP, BRENDA F 10319 Meadow Pointe Dr. STREET ADDRESS STREET ADDRESS 8943 ROSE HILL DRIVE SOUTH CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32221 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME MILLIS, SVEA D STREET ADDRESS 8943 ROSE HILL DRIVE SOUTH STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP JACKSONVILLE FL 32221 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empry

indicated on this report or supplemental 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 10 or Block 11 if