FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000014613 (2)

KRK DUNEDIN, INC.

Principal Place of Business 556 MAIN ST. DUNEOIN FL 34698 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23		Mailing Address 556 MAIN ST. DUNEDIN FL 34698 2e. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/25/1993 4. FEI Number 59-3171182 Applied For Not Applicable 5. Certificate of Status Desired 8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees						
Zip 24	Country 25	Zip 29	Country 30	y		8. This corporation owe Personal Property Ta		-	•	Intangible	Đ
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
RHOAD, THOMAS S					Name						
556 MAIN ST.			82	۱.,	Street Addre	ess (P.O. Box Number is N	ot Accents	rblo)			
DUNEDIN FL 34698			62 Street Ad			355 (F.O. DOX NUMBER IS IN	ot Accepte	1010)			
			83								
			84	۱,	City				85 Z	p Code	
	the provisions of Sections 607.0							<u> </u>			
agent. I a SiGNATURE	agistered agent, or both, in the Sta familiar with, and accept the obl Signature, typed or printed name of registered a OFFICERS A	igations of, Section 607.0505, Flor	rida Statute	S.		d when reinstating) ADDITIONS/CHANGE		DATE			
TITLE	DPT	DELETE	1.1 TITLE		T T				Change	e 🔲 A	Addition
NAME	RHOAD, THOMAS S		1.2 NAME								
STREET ADDRESS	55 6 MAIN ST.		1.3 STREET	T AD	DRESS						
CITY-ST-ZIP	DUNEDIN FL 34698	Delege	1.4 CITY - ST - Z		ZiP				٦		
TITLE	DVS	L DELETE	2.1 TITLE					I	Change	3 LA	ddition
NAME CTOTET ADODESC	KIRBERGER, CRAIG V 556 MAIN ST.		2.2 NAME 2.3 STREET ADDRESS		DDCCC						
STREET ADDRESS CITY-ST-ZIP	DUNEDIN FL		2.3 STREET		1						
TITLE	DONLOGGE	DELETE	3.1 TITLE	31-	ZIF			\neg	Change	e DA	ddition
NAME	1		3.2 NAME	3.2 NAME							
STREET ADDRESS			3.3 STREET ADDRESS		DRESS						
CITY-ST-ZIP			3.4. C(TY - 5	3.4. CITY-ST-ZIP				<u> </u>			
TITLE		☐ DELETE	4.1 TITLE					ł	Change	e L A	ddition
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STREET ADDRESS				5.3 STREET ADDRESS							
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NAME			6.2 NAME								
STREET ADDRESS			6.3 STREET ADDRESS		ORESS						
CITY-ST-ZIP			6.4 CITY-S		~						
indicated officer or	ertify that the information supplied on this annual report or supplement director of the corporation or the re or Block 13 if changed, or on an at	ntal annual report is true and accurate in the second accurate and accurate and annual report and accurate and accurate and accurate and accurate annual report and accurate annual report and accurate annual report and accurate annual report is true annual r	rate and the	at i	my signature	e shall have the same lega	l effect as	if made und	ler oath: 1	that I am	an

SIGNATURE:

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813-733-7714

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Apr 20 1998 8:00am

Secretary of State