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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthans Secretary of State

DIVISION OF CORPORATIONS

1996

P93000025194 (0) **DOCUMENT #**

K & K LIMITED OF MARION COUNTY, INC.

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| City & State | | #, etc. | 27 | 1 | | | 5. Certificate of Status Desired | Ħ | | | |
| 28 | | | | | | | 6 Election Campaign Financing | | | | |
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| Name and Address of Current Registered Agent | — · | Country | | Zip) | L C | ountry | | | · · | tax under s | 199.032, |
| RENDY JOHN J 19970 IRIS COURT 19970 IRIS COURT 2007 | 24 | | L | | | 7 | | | | | |
| Second Address (PO Box Number is Not Acceptable) Second Address (PO Box Number is Number is Number is Nu | | g. Name and Address of Curre | nt Hegis | tered Agent | | 81 | Namo | 10. Name and Address of New F | legistere | d Agent | |
| 1. | PENNY | IOHN I | | | | | | | | | |
| STATURE | | | | | | 82 | Street Add | ress (P.O. Box Number is Not Acceptat | ole) | | |
| THE PRIVATE TO the provisions of Sections 607,0502 and 607,1506, Florida Statities. The above named corporation estimate this stutement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Statities was auditorized by the corporation's board of directors. Therefore accept the appointment as registered agent, I am state with, and accept the obligations of, Section 607,0506, Florida Statuties. SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADD HONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE BAUER, KENNETH C 12 NAM. SIREET ADDRESS CITY-ST-27P ONEKAMA MI 49675 THE D D DELETE 1 THE CHANGES ONE STREET ONEKAMA MI 49675 THE D D DELETE 2 STREET ADDRESS CITY-ST-27P ONEKAMA MI 49675 24 CITY-ST-27P ONEKAMA MI 49675 THE D DELETE 3 THE CHANGES ONES STREET ONEKAMA MI 49675 THE D DELETE 4 THE CHANGES ONES STREET ONEKAMA MI 49675 THE DELETE 4 THE CHANGES ONES STREET ONEKAMA MI 49675 THE DELETE 4 THE CHANGES ONES STREET ONEKAMA MI 49675 THE DELETE 5 THE CHANGES ONES STREET ONEKAMA MI 49675 THE DELETE 5 THE CHANGES ONES STREET ONEKAMA MI 49675 THE DELETE 5 THE CHANGES ONES STREET ONEKAMA MI 49675 THE DELETE 5 THE CHANGES ONES STREET ONEKAMA MI 49675 THE DELETE 5 THE CHANGES ONES STREET ONEKAMA MI 49675 THE DELETE 5 THE CHANGES ONES STREET ONES STREET ADDRESS ONE | | | | | | 83 | | | ····· | | |
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| or registered agent, or both, in the State of Rindla. Such change was additionized 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 of Co.7006, Forcida Statutes SIGNATURE 12. OFFICERS AND DIFFCTORS 13. ADD HONS'CHANGES TO OFFICERS AND DIFFCTORS IN 12 THE D CHANGE Addition SIRRET ADDRESS CITY-SI-72P ONEKAMA MI 49875 14. CHY SI-22P THE D CHANGE ADDRESS CITY-SI-72P ONEKAMA MI 49875 14. CHY SI-22P THE D CHANGE ADDRESS CITY-SI-72P THE D CHANGE ADDRESS CITY-SI-72P ONEKAMA MI 49875 22 STREET ADDRESS CITY-SI-72P THE D CHANGE ADDRESS CITY-SI-72P ADDRESS THE ADDRESS CITY-SI-72P THE CHANGES CITY-SI-72P THE CHANGES CITY-SI-72P ADDRESS CITY-SI-72P A | | | | | | | Oity | | F | L °° ' " | ,r Code |
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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)(x). Florida Statutes, I further certify that the information indicated on this annual report or supplienental 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 Chapte. 607, Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address

6.3 \$TREET ADDRESS 6.4 CITY - \$1 - ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-2IP

ATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR