

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 AUG 13 PM 3:42

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DOCUMENT # P93000057797 (1)

1. Corporation Name  
LARRY KILLICK ENTERPRISES, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
122 S TWIN LAKES RD  
COCOA FL 32926  
US

Mailing Address  
122 S TWIN LAKES RD  
COCOA FL 32926  
US

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                            |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br>08/13/1993                                                                                                                            | 3a. Date of Last Report<br>04/23/1996                  |
| 4. FEI Number<br>59-3199902                                                                                                                                                | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                               | \$8.75 Additional<br>Fee Required                      |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                                      | \$5.00 May Be<br>Added to Fees                         |
| 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                                                                                                                                        |                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 1241 Winding Meadows Rd.<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23 Rockledge, Florida<br>Zip<br>24 32955 | 2a. Mailing Address<br>26 Same<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28<br>Zip<br>29<br>Country<br>25 USA<br>30 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|

9. Name and Address of Current Registered Agent

KILLICK, LARRY  
122 S TWIN LAKES RD  
COCOA FL 32922

10. Name and Address of New Registered Agent

|                                                                                   |
|-----------------------------------------------------------------------------------|
| 81 Name<br>Larry Killick                                                          |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br>1241 Winding Meadows Rd. |
| 83                                                                                |
| 84 City<br>Rockledge                                                              |
| 85 Zip Code<br>FL 32955                                                           |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                     |                                                                                                                                                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |                                                                                                                                     |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PO<br>KILLICK, LARRY<br>122 S TWIN LAKES RD<br>COCOA FL<br><input type="checkbox"/> DELETE                                                             | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>500002268865-4<br>-08/15/97-01112-001<br>****167.00 ****167.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KILLICK, ALAN<br>8183 DUNBARTON CT.<br>JACKSONVILLE FL<br>1593 Blue Heron Lane, East<br>Jacksonville, FL 32250<br><input type="checkbox"/> DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE                                                                                                                        | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE                                                                                                                        | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE                                                                                                                        | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE                                                                                                                        | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>5K<br>8-14-97                                                  |

14. I do 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 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: \_\_\_\_\_ DATE: 8/16/97 H07-636-3454

CR2E034 (4/97)

Larry Killick

Annual Reports Filings  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Madam or Sir,

Recently I received a 2nd Notice on the filing of my 1997 Corporate Annual Report. I never received the first.

In August of 1996 I moved my residence in which I have my office. I notified all necessary parties including your Division of Corporations by mail.

Most of the mailings to my business at the previous address were correctly forwarded by the Post Office to my new one. However, a number of mailings were mistakenly sent to my previous address, returned to sender, or lost. It has been rather frustrating and sometimes costly.

I have a simple filing system for assuring timely bill payments. I would not have missed an important payment like this one.

I have no idea why your Second Notice was forwarded with the former address on it while the First Notice was not. As an example of my problem, I have never received my IRS refund which I learned was sent on 28 April. It is being traced now.

When I called your office and detailed the problem, I was told to send the \$167.00 with the completed Second Notice Form explaining the situation in an accompanying letter. She gave me no opinion of a possible result.

I sincerely hope you will consider this extenuation. The difference in charges, amounting to \$383.00 is substantial.

Many thanks,

Larry Killick