

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Morison Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P93000080975 (4)	
1. Corporation Name K & J MARKETING CONCEPTS, INC.	

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 2:43**

Principal Place of Business 329 SWEET BAY AVE. NEW SMYRNA BEACH FL 32168	Mailing Address P.O. DRAWER 727 NEW SMYRNA BEACH FL 32170-0727
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 209 Downing		2a. Mailing Address 26		3. Date Incorporated or Qualified 11/16/1993	3a. Date of Last Report 02/08/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3213895	Applied For Not Applicable
22 City & State New Smyrna Bch, FL		27 City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23 Zip 32168		28 Country USA		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24		25		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent HALL, MARK R 221 N. CAUSEWAY NEW SMYRNA BEACH FL 32169				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL
				85 Zip Code	

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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	ZACHA, JAMES A C.L.U.	1.2 NAME	
STREET ADDRESS	329 SWEET BAY AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW SMYRNA BEACH FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	CASINGER, KRISTI Z	2.2 NAME	
STREET ADDRESS	19 CEDAR DUNES DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW SMYRNA BEACH FL 32169	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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)(k), 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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kristi Casinger Kristi Casinger 4595 904-424-9960