

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000080975 (4)

1. Corporation Name

K & J MARKETING CONCEPTS, INC.



Principal Place of Business

Mailing Address

209 DOWNING  
NEW SMYRNA BEACH FL 32168  
US

P.O. DRAWER 727  
NEW SMYRNA BEACH FL 32170-0727

3. Date Incorporated or Qualified

11/16/1993

3a. Date of Last Report

04/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

209 Downing St.

4. FEI Number

59-3213895

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

City & State

22

27

New Smyrna Beach FL

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

23

28

32168

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HALL, MARK R  
221 N. CAUSEWAY  
NEW SMYRNA BEACH FL 32169

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME ZACHA, JAMES A C.L.U.

1.1 TITLE

STREET ADDRESS 329 SWEET BAY AVE.

1.2 NAME

CITY-ST-ZIP NEW SMYRNA BEACH FL

1.3 STREET ADDRESS

TITLE ☐ DELETE

1.4 CITY-ST-ZIP

NAME CASINGER, KRISTI Z

2.1 TITLE

STREET ADDRESS 19 CEDAR DUNES DR., ~~NEW~~

2.2 NAME

CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

2.3 STREET ADDRESS

TITLE ☐ DELETE

2.4 CITY-ST-ZIP

NAME

3.1 TITLE

STREET ADDRESS

3.2 NAME

CITY-ST-ZIP

3.3 STREET ADDRESS

TITLE ☐ DELETE

3.4 CITY-ST-ZIP

NAME

4.1 TITLE

STREET ADDRESS

4.2 NAME

CITY-ST-ZIP

4.3 STREET ADDRESS

TITLE ☐ DELETE

4.4 CITY-ST-ZIP

NAME

5.1 TITLE

STREET ADDRESS

5.2 NAME

CITY-ST-ZIP

5.3 STREET ADDRESS

TITLE ☐ DELETE

5.4 CITY-ST-ZIP

NAME

6.1 TITLE

STREET ADDRESS

6.2 NAME

CITY-ST-ZIP

6.3 STREET ADDRESS

TITLE ☐ DELETE

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

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

SIGNATURE:

Kristi Z. Casinger, Pres 1-16-96 (904) 424-9960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E034 (12/95)