

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000020324 (7)

95 JUN -7 AM 10:51

1. Corporation Name

R. K. DEVELOPMENT, INC.

Principal Place of Business

2126 SW 13TH AVE.
CAPE CORAL FL

Mailing Address

2126 SW 13TH AVE.
CAPE CORAL FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1984

3a. Date of Last Report

NIA

2. Principal Place of Business

21 1104 S.W. 48th Terrace

2a. Mailing Address

26 840 WHEATLAND CTR RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 UNIT # 203

City & State

23 CAPE CORAL, FL.

City & State

28 SCOTTSVILLE, New York

Zip

24 33914

Country

25 USA

Zip

29 14546

Country

30 USA

4. FEI Number

65 050 6834

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

POWELL, WILLIAM M
2002 DEL PRADO BLVD., SOUTH
CAPE CORAL FL 33990

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PETERSON, ROBERT V
STREET ADDRESS 840 WHEATLAND CENTER RD.
CITY - ST - ZIP SCOTTSVILLE NY 14548

TITLE D
NAME PETERSON, KATHLEEN M
STREET ADDRESS 840 WHEATLAND CENTER RD.
CITY - ST - ZIP SCOTTSVILLE NY 14548

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(a), 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:

Kathleen M. Peterson Kathleen M. Peterson

Date

5/30/95

7168893247

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature