FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:32

DOCUMENT # **P94000022317 (9)**

1. Corporation Name
L.R.K. INVESTMENTS, INC.

Principal Place of Business	Mailing Address
1275 BENNETT DR UNIT 140 LONGWOOD FL 32750	1275 BENNETT DR UNIT 140 LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/18/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 5497 Benchmark Ln	26 5497 Benchmark Ln
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Sanford, FL	City & State 28 Sanford, FL
Zip 24 32773 Country 25	Zip 29 32773 Country 30

4. FEI Number: 59-3236198 ☐ 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

KELLEY, CARLA
865 STATE RD 434
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name: Richard Schmitt
82 Street Address (P.O. Box Number is Not Acceptable)
83: 5497 Benchmark Ln
84 City: Sanford, FL FL 85 Zip Code: 32773

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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: Richard Schmitt 5/3/95
Signature of new 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 / NAME / STREET ADDRESS / CITY ST ZIP	D SCHMITT, ELIZABETH 292 WEKIVA PARK DR SANFORD FL 32771	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition S 5497 Benchmark Ln Sanford, FL 32773
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D SCHMITT, RICHARD 292 WEKIVA PARK DR SANFORD FL 32771	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition P, T 5497 Benchmark Ln Sanford, FL 32773
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D CHITWOOD, KENNETH 450 LAKE PORT COVE CASSELBERRY FL 32707	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition VP 5497 Benchmark Ln Sanford, FL 32773
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition **REMITTED BY MAY 1**

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)(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 added on an attachment with an address.

SIGNATURE: Richard Schmitt Richard R Schmitt SR 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041225 CP