FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P94000022317 (9) DOCUMENT #

L.R.K. INVESTMENTS, INC.

Principal Place of Business

· 秦 (1945年) 产、秦 (1956年)

Mailing Address

FILED Feb 05 1998 8:00am Secretary of State



5497 BENCHMARK LANE 5497 BENCHMARK LANE SANFORD FL 32773 SANFORD FL 32773 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/18/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3236198 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year intangible SEMINOLE 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SCMITT, RICHARD **5497 BENCHMARK LANE** Street Address (P.O. Box Number is Not Acceptable) SANFORD FL 32773 83 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 In this with, and accept the obligations of Section 607.0505. Florida Statutes. 1-30-98 SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE SCHMITT, EUZABETH NAME 1.2 NAME **5497 BEANCKMARK LANE** STREET ADDRESS 1.3 STREET ADDRESS SANFORD FL 32773 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition SCHMITT, RICHARD 2.2 NAME 5497 BENCHMARK LANE STREET ADDRESS 2.3 STREET ADDRESS SANFORD FL 32773 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE ☐ Addition 3.1 TITLE CHITWOOD, KENNETH NAME 3.2 NAME **450 LAKEPORT COVE** STREET ADDRESS 3.3 STREET ADDRESS CASSELBERRY FL 32707 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TOLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIF

14. Thereby 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 trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if granged. 9 on an attachment with an address.