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 APR 11 PM 8:26

DOCUMENT # **P94000027570 (8)**

1. Corporation Name
KFJ, INC.

Principal Place of Business	Mailing Address
1111 NE 25TH AVE SUITE 204 OCALA FL 33447-0	1111 NE 25TH AVE SUITE 204 OCALA FL 33447-0

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
		04/07/1994	

21	2. Principal Place of Business	26	2a. Mailing Address	4. FEI Number	Applied For / Not Applicable
	3501 N.E. 10th Street		3501 NE 10th STREET	59-3236046	
22	Suite, Apt. #, etc. Suite 204	27	Suite, Apt. #, etc. Suite 204	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23	City & State OCALA FL	28	City & State OCALA FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24	Zip 34470	25	Country MARION	29 Zip 34470	30 Country MARION

7. 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
RANEW, THOMAS C JR 2801 SW COLLEGE ROAD SUITE 1 OCALA FL 33474	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☑ Change ☐ Addition
NAME	KAPP, VIGGIL E	12 NAME	KAPP, VIRGIL E
STREET ADDRESS	1111 NE 25TH AVE SUITE 204	13 STREET ADDRESS	3501 NE 10th STREET, STE 204
CITY-ST-ZIP	OCALA FL 34470	14 CITY-ST-ZIP	OCALA, FL 34470
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	JENNINGS, JAMES C	22 NAME	
STREET ADDRESS	1111 NE 25TH AVE SUITE 204	23 STREET ADDRESS	3501 NE 10th STREET, STE 204
CITY-ST-ZIP	OCALA FL 34470	24 CITY-ST-ZIP	OCALA, FL 34470
TITLE	D	31 TITLE	☑ Change ☐ Addition
NAME	FLETCHER, PAUL A	32 NAME	FLETCHER PAUL E
STREET ADDRESS	1111 NE 25TH AVE SUITE 204	33 STREET ADDRESS	3501 N.E. 10th ST, STE 204
CITY-ST-ZIP	OCALA FL 34470	34 CITY-ST-ZIP	OCALA, FL. 34470
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 on an attachment with an address.

SIGNATURE: Paul E. Fletcher PAUL E. FLETCHER 4-7-95 (904) 351-9511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0950466 CP