

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P94000027570 (8)**

1. Corporation Name

KFJ, INC.



Principal Place of Business

Mailing Address

2800 E. SILVER SPRINGS BLVD.
SUITE 204
OCALA FL 34470
US

2800 E. SILVER SPRINGS BLVD.
SUITE 204
OCALA FL 34470
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1994

4. FEI Number

59-3236046

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 2140 NE 146th Ave

26 2140 NE 146th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Silver Springs, FL

28 Silver Springs, FL

Zip

Country

Zip

Country

24 34488

25 Marion

29 34488

30 Marion

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

Virgil

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	D	<input type="checkbox"/> DELETE
NAME	KAPP, VIRGIL E	
STREET ADDRESS	2800 E. SILVER SPRINGS BLVD, SUITE 204	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JENNINGS, JAMES C	
STREET ADDRESS	2800 E. SILVER SPRINGS BLVD., SUITE 204	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FLETCHER, PAUL E.	
STREET ADDRESS	2800 E. SILVER SPRINGS BLVD., SUITE 204	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Virgil E. Kapp	
1.3 STREET ADDRESS	2140 N.E. 146th Avenue	
1.4 CITY-ST-ZIP	Silver Springs, FL 34488	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jennifer A. Kapp	
4.3 STREET ADDRESS	2140 NE 146th Ave	
4.4 CITY-ST-ZIP	Silver Springs, FL 34488	
5.1 TITLE	Sec-Treas.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Debbie Kapp	
5.3 STREET ADDRESS	2140 NE 146th Ave	
5.4 CITY-ST-ZIP	Silver Springs FL 34488	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby 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 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: 

CR2E034 (5/98)