2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State
04-24-2000 90094 031 ***150.00

DOCUMENT # P94000054332

1. Entity Name
TKM, INC.

Principal Place of Business	Mailing Address
1 KING STREET ST. AUGUSTINE FL 32084	961 LEW BLVD ST. AUGUSTINE FL 32084-5462

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
961 Lew Blvd	961 Lew Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Augustine FL	City & State: St. Augustine, FL
Zip: FL 32084 Country: USA	Zip: 32084 Country: USA

4. FEI Number 59-3259534 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EAKIN, PAUL M
599 ATLANTIC BLVD. STE. 4
ATLANTIC BEACH FL 32233

7. Name and Address of New Registered Agent

Name: MORTON, THOMAS
Street Address (P.O. Box Number is Not Acceptable): 961 Lew Blvd
City: St. Augustine FL Zip Code: 32084

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: [signature] THOMAS K. MORTON DATE: 4/18/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	MORTON, WILLIAM K	
STREET ADDRESS	2 VIEJO STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	STD	☐ Delete
NAME	MORTON, THOMAS K	
STREET ADDRESS	961 LEW BOULEVARD	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/18/00 (904) 829 9205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #