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

APPROVED
AND
FILED

95 MAY -1 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000074973 (6)**

1. Corporate Name
LKL INCORPORATED

Principal Place of Business
1500 S.E. 17TH STREET
BUILDING 300
OCALA FL 34471

Mailing Address
1500 S.E. 17TH STREET
BUILDING 300
OCALA FL 34471

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/12/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
County — 25
Zip — 29
Country — 30

4. FEI Number: 59-3278157 — 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. The corporation has liability for intangible tax under S. 199 D.3., Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DOWNEY, KEVIN I
2631 N.W. 41ST STREET
SUITE A-2
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

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 607.0501 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: Registered Agent signature required after resigning — DATE

12. OFFICERS AND DIRECTORS

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE — ☐ Change ☐ Addition
12 NAME: ~~Ronald J. Rozanski, DMD~~
13 STREET ADDRESS: ~~1500 S.E. 17TH ST, BLDG 300~~
14 CITY, ST, ZIP: ~~Ocala, FL 34471~~

21 TITLE: VP — ☐ Change ☐ Addition
22 NAME: Kristen Apsley
23 STREET ADDRESS: 7660 S. Magnolia Ave.
24 CITY, ST, ZIP: Ocala, FL 34476

31 TITLE — ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

41 TITLE — ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

51 TITLE — ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE — ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing, to the best of my knowledge, is accurate and does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on the 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 the report as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attached list, under the proper title with an address.

SIGNATURE: ~~Ronald J. Rozanski, DMD~~ — 5/1/95 — ~~904-732-6676~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
Kristen Apsley — Kristen Apsley — 904-237-5763

0351137 CP