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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 16 1998 8:00am Secretary of State

1998 P94000083868 (7) DOCUMENT # **K&C BUENA VISTA ENTERPRISES. INC.** Principal Place of Business Mailing Address 9041-180 SOUTHSIDE BLVD. 9041-180 SOUTHSIDE BLVD. JACKSONVILLE FL 32258 JACKSONVILLE FL 32256 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>11/14/1994</u> 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3275731 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Zip Country Zio Country 8. This corporation owes or has paid the current year Intangible 29 Yes Yes 24 25 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HUTCHENS, JAMES G JR. **5991 CHESTER AVENUE** Street Address (P.O. Box Number is Not Acceptable) SUITE 209 JACKSONVILLE FL 32217 83 84 City 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) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE HERVAS, CARMELO 1.2 NAME NAME 8734 SOUTHERN GLEN DRIVE 1.3 SIREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32256 1.4 City-ST-ZIP CITY-ST-ZIP DELETE 21 TILE Change Addition TITLE 2.2 NIME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 OTY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TILE Change Addition TITLE 3.2 N,ME NAME 3.3 SREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. (TY-ST-ZIP DELETE Change 4.13 Addition TITLE 4 2 MME NAME 4.3 SEET ADDRESS STREET ADDRESS - ST - ZIP CITY - ST - ZIP DELETE Change Addition TITLE NAME ET ADDRESS STREET ADDRESS -ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE NAME ET ADDRESS STREET ADDRESS CITY-ST-ZIP ption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information hat my signature shall have the same legal effect as if made under oath; that I am an report as required by Chapter 607, Florida Statutes; and that my name appears in

14. I hereby certify that the information supplied with this filing does not qualify for the exindicated on this annual report or supplemental annual report is true and accurate an officer or director of the corporation or the receiver or trustee empowered to execute Block 12 or Block 13 if changed for on an attachment with an address.

(904)3630012

SIGNATURE: