FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P94000090289

1. Corporation Name

JKC GROUP, INC.

FILED Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90095 038 ***150.00



Principal Place of Business	Mailing Address					
13824 Walsingham RD Largo Fl 34644	13824 WALSINGHAI LARGO FL 34644	M RD		DO NOT WRITE IN THIS SP.	ACE	
				3. Date Incorporated or Qualifed 12/14/1994		
2. Principal Place of Business	2a. Mailing Addres	SS		4. FEI Number	Applied For	
11	26			59-3302529	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, e	etc.		5. Certificate of Status Desired	8.75 Additional Fee Required	
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country	Zip 29	Cour 30	ntry	This corporation owes the current year Intang Personal Property Tax.	ible Yes □No	
9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Registered Age	ent	
	1. 10. 14.		81 Name			
4707-FAIRLEA DRIVE			82 Street Ad	Street Address (P.O. Box Number is Not Acceptable)		
VALRICO FL 33594			83	· 100 文章 100 美 150 美 15	100 mm 10	
			84 City	FL	35 Zip Code	
11 Pursuant to the provisions of Sections 607.	0502 and 607 1508. Florida	Statutes, the ab	ove-named co	rporation submits this statement for the purpose of cha	inging its registered	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Horida Statutes, the above-hamed corporation submits this sate in the purpose of changing its 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: R	noistanat Apont signatum mau	uired when reinstating) / DATE				
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: NOTE:	egistered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	D DELETE	1.1 TITLE	Change Addition				
NAME	KUEHLEM, ERIC J	1.2 NAME	• • •				
STREET ADDRESS	4707 FAIRLEA DRIVE	1.3 STREET ADDRESS					
CITY-ST-ZIP	VALRICO FL	1.4 CITY-ST-ZIP	,				
TITLE	D DELETE	2.1 TITLE	☐ Change ☐ Addition				
NAME	CAMBELL, JAMES	2.2 NAME					
STREET ADDRESS	5321 CANBERLEA AVE	2.3 STREET ADDRESS					
1	ZEPHYRHILLS FL 33541	2.4 CITY-ST-ZIP	•				
CITY-ST-ZIP		3.1 TITLE	. Change Addition				
23.7	IDELETE	3.2 NAME	, · · - · ·				
NAME	13824 WALSINGHAM RD	3.3 STREET ADDRESS					
STREET ADDRESS	LARGO FL	3.4. CITY-ST-ZIP	40000000000000000000000000000000000000				
CITY-ST-ZIP	DELETE	4.1 TITLE	Change Addition				
	_	4. 2 NAME					
NAME L							
STREET ADDRESS	,}	4.3 STREET ADORESS					
CITY-ST-ZIP	□ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	☐ Change ☐ Addition				
TITLE	□ Detete	5.1 MILE 5.2 NAME	: '/				
NAME		5.3 STREET ADDRESS	· · · ·				
STREET ADDRESS	p	5.3 STREET ADURESS	91				
CITY-ST-ZIP	→ CONTROL CONTROL DELETE	6.1 TITLE	☐ Change ☐ Addition				
TITLE	4747 St. Market	6.2 NAME	Criange - Addition				
NAME .	All the Section						
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP	The second secon	6.4 CITY-ST-ZIP	Castley 440 07/00/0 Florido Ctatutas further codify that the information				
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information							

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 decaded 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, with all other like empowered.

George Johnson, Vice President

GNATURE:

SIGNATURE NO TYPED OR PRIMTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #