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

Mailing Address

12192 MANDARIN RD. JACKSONVILLE FL 32223-1889

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 14 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000091829 (9)

JNR & KKR, INC.

Principal Place of Business

12192 MANDARIN RD.

JACKSONVILLE FL 32223

3. Date Incorporated or Qualified 3a. Date of Last Report 12/20/1994 04/17/1996 2. Principal Piace of Business 4. FEI Number 2a. Mailing Address Applied For 59-3301910 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country B. This corporation has liability for intangible tax under s. 199.032, Yes No 25 29 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BRANT MOORE SAPP MADCONALD & WELLS, P.A. 81 Name 50 NORTH LAURA ST. 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 3100** JACKSONVILLE FL 32202 83 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 land accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: type if or proted harno of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition 1:116 11 TITLE ROOD, J. NEIL NAME 1.2 NAME 12192 MANDARIN RD. 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 1.4 City - ST - ZiP CITY: ST. Zd. vpst DELETE Change ☐ Addition MILE 2.1 TITLE ROOD, KAROL K NAME 2.2 NAME 12192 MANDARIN RD 2.3 STREET ADDRESS STAFF LADORESS JACKSONVILLE FL CHY-S1-20 2.4 CITY-ST-ZIP DELETE Change Addition 3 1 TITLE 1.114 rood, John D NAME 3.2 NAME 3030 HARLTEY RD STRE 100 STREET ALCRESS 3 3 STREET ADDRESS JACKSONVILLE FL 3.4. CITY - ST - ZIP CITY ST 26 DELETE Change Addition THLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4 4 CITY-ST-ZIP OTY 51-741 ☐ DELETE Change Addition 51 TITLE Tille 5.2 NAME HALL STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CHY 51-74 DELETE Change Add tion LILLE 61 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CHY-\$1-74 14. I do he reby 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 and called 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 at officer or clirector 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 planed, or on an attrovinent with an address.