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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000008889 (4)

1. Corporation Name
K&K AUTO RESTORATION, INC.

Principal Place of Business

2707 WEST STATE ROAD 404
LONGWOOD FL 32779

Mailing Address

2707 WEST STATE ROAD 404
LONGWOOD FL 32779-4000



2. Principal Place of Business

21 118 West Orange St.
Suite, Apt. #, etc.

22 SUITE 100
City & State

23 Altamonte Springs, FL
Zip Country

24 32714
Country

2a. Mailing Address

26 118 West Orange St.
Suite, Apt. #, etc.

27 SUITE 100
City & State

28 Altamonte Springs, FL
Zip Country

29 32714
Country

3. Date Incorporated or Qualified

01/30/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3149446

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

~~KELLEY, CARLA~~
~~2707 WEST STATE ROAD 404~~
~~LONGWOOD FL 32779~~

10. Name and Address of New Registered Agent

81 Name Robert Krueger
82 Street Address (P.O. Box Number is Not Acceptable)
5932 TINER AVE
83
84 City ORLANDO FL 85 Zip Code 32809

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, 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 obligation 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)

DATE

4/8/97

12. OFFICERS AND DIRECTORS

TITLE D
NAME KRUEGER, ROBERT
STREET ADDRESS 5932 TINER AVENUE
CITY-ST-ZIP ORLANDO FL 32809

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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, unchanged, or on an attachment with an address.

SIGNATURE:

Robert Krueger

REQUIRE

4/8/97

CR2E034 (9/96)