FILED

Feb 05, 1999 8:00am

Secretary of State

02-05-1999 90025 039 ***150.00

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000017876 1. Corporation Name

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

KLK TE	CHNOLOGIES, INC.				
ĺ					1 (1811 2000) (811) (8810 811) (88)
			· ·		
Principal Pla	ce of Business	Mailing Address) (2014 1 000 1 2014) (3010 6 21) (30 1
400 E. THIRD ST. 400 E. THIRD ST.					
CHULUOTA FL 32766 CHULUOTA FL 32766				·	
				DO NOT WRITE IN THIS	S SPACE
	ļ			3. Date Incorporated or Qualifed	
	i			03/03/1995	
2. Principal i	Place of Business	2a. Mailing Address	<u>.</u>	4. FEI Number	Applied For
21		26		59-3313267	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		E Contifered of Classic D	\$8.75 Additional
22	<u> </u>	27		5. Certifcate of Status Desired	Fee Required
City & Sta	ite	City & State	<u>-</u>	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	tangible
24	25		30	Personal Property Tax.	☐Yes ☐No
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
WHITE, KENNETH D				•	
				ress (P.O. Box Number is Not Acceptable)	
	COA FL 32926		. - 0.10017104	1000 (1.0. Dox Humber 15 Not Acceptable)	
0000A FL 32920			83	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1 - 1 - 1 - 1 - 1 - 1
			84 City	- <u> </u>	
			,		35 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, or manifest and accept the obligations of Section 607.0505. Florida Statutes					
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 3. A CONTROL OF THE STATE OF THE S					
Signature, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PSVP	☐ D€LETE	1.1 TITLE	1.15 1 1 1 1	☐ Change ☐ Addition
NAME	WHITE, KENNETH D	•	1.2 NAME		
STREET ADDRESS	2080 COX RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32926		1.4 CITY-ST-ZIP	•	
TITLE	į	. DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	- Park	والمراجع والمجار المجار المجار المام	2.4 CITY-ST-ZIP		,
TITLE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(DELETE	3.1 TITLE		Change Addition
NAME ,			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		(国际)科特 医髓管线
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	1	<u> </u>	4. 2 NAME		☐ Change · ☐ Addition
STREET ADDRESS	i i		II		Ì
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE	1	☐ DELETE	4.4 CITY-ST-ZIP*	· · · · · · · · · · · · · · · · · · ·	
NAME			5.1 IPILE 5.2 NAME		Change Addition
*****	4		A C I WANTE	7	

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

D Wh. to 1/1/99 407-631-6785-SIGNATURE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

Change
 ☐ Addition