

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000021206 (4)

1. Corporation Name
GKC, INC.



Principal Place of Business

1303 N. MYRTLE AVE.
SUITE 11
CLEARWATER FL 34615

Mailing Address

2237 TERRACE DR. N.
CLEARWATER FL 34625

3. Date Incorporated or Qualified
03/15/1995

3a. Date of Last Report
3/15/95

2. Principal Place of Business

21 2237 TERRACE DR N.

2a. Mailing Address

26 2237 TERRACE DR N.

4. FEI Number

59-3301746

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23 CLEARWATER FLA

City & State

28 CLEARWATER, FLA

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

24 34625

25 USA

Zip

29 34625

Country

30 USA

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

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAGUIRE, PATRICK T
308 N. BELCHER RD.
CLEARWATER FL 34625

81 Name

PATRICK T MAGUIRE

82 Street Address (P.O. Box Number is Not Acceptable)

308 N BELCHER RD

83

84 City

CLEARWATER

FL

85 Zip Code

34625

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)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

7. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

8. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

2. 1. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

3. 1. TITLE

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

4. 1. TITLE

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

5. 1. TITLE

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

6. 1. TITLE

62. NAME

63. STREET ADDRESS

64. CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96 813-725-1529

CR2E034 (12/95)