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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000022174 (3)

M F V & K ENTERPRISES, INC.

Principal Place of Business Mailing Address 5805 SCHOONER WAY 110 INDUSTRIAL DR. FULTON MO 65251 TAMPA FL 33615-3638 3. Date Incorporated or Qualified 3a. Date of Last Report 03/17/1995 04/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3303542 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 **Trust Fund Contribution** 28 Added to Fees Zin Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 Yes 🔀 No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 O'CONNOR, PATRICK M Name PATEL, MOORE & O'CONNOR, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 18167 U.S. HIGHWAY 19 NORTH, SUITE 461 **CLEARWATER FL 34624** 83 84 City 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typod or printed name of regis/erest agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change 1.1 TITLE Addition FOX, JEFFREY M NAME 1.2 NAME 5805 SCHOONER WAY STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33615** CITY-ST-ZIP 1.4 CITY-ST-ZIP THILE □ DELETE Addition 2.1 THLE Change MCKINNEY, REX NAME 2.2 NAME RR#1 STREET ADDRESS 2.3 STREET ADDRESS EL DORADO KS 67042 Dity-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition VERHOFF, JIM NAME 3.2 NAME 110 INDUSTRIAL DR. STREET ADDRESS 3.3 STREET ADDRESS **FULTON MO 65251** DITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TRUE 4.1 TITLE Change Addition KLEBBA, ROBERT NAME 4. 2 NAME 9219 MAGIC MT. DR. STREET ADDRESS 4.3 STREET ADDRESS CHATTANOOGA TN 37421 DITY - ST - ZIP 4.4 CITY-S"-ZIP DELETE TITLE 5.1 TITLE Change Addition

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 path; that I am an officer or director of the correction 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 43 if changed, or on an attachment with an address.

5.2 NAME

6 1 TITLE

6.2 NAME

5.3 STREET ADDRESS 5.4 CITY+ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

NAM:

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

Orth-ST-ZIP

CITY-ST-ZIP

AND FORD OR PRINTED PAME OF SIGNING OFFICER OR DIRECTOR

DELETE

1/13/97

813-530-0036

Change

Addition

Paytime Phono #

2E034 (9/96)

**FILED** 

Feb 17 1997 8:00am

Secretary of State