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

FILED
97 JUN 30 AM 7:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000023783

1. Corporation Name
KPS SERVICE ~~COMPANY~~, INC
COMPANY

Principal Place of Business: 5121 BOWDEN Rd, SUITE 304, JACKSONVILLE, FL. 32216
Mailing Address: SAME

REINSTATEMENT 96-97

3. Date Incorporated or Qualified: MARCH 23, 1995
3a. Date of Last Report
4. FEI Number: 59-3302744 — 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

2. Principal Place of Business	2a. Mailing Address
21 5121 BOWDEN Rd	26 5121 BOWDEN Rd
Suite, Apt. #, etc. 22 SUITE 304	Suite, Apt. #, etc. 27 SUITE #304
City & State 23 JACKSONVILLE, FL.	City & State 28 JACKSONVILLE, FL.
Zip 24 32216 Country 25 DUVAL	Zip 29 32216 Country 30 DUVAL

9. Name and Address of Current Registered Agent
SMOAK, LINDA D
2348 MILLER OAKS DRIVE NORTH
JACKSONVILLE, FL. 32217

10. Name and Address of New Registered Agent
81 Name: JAMES M. SMOAK, SR
82 Street Address (P.O. Box Number is Not Acceptable): 5121 BOWDEN Rd
83 SUITE 304
84 City: JACKSONVILLE FL 85 Zip Code: 32216

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: JAMES M. SMOAK, SR [signature] DATE: APRIL 29, 1997

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JAMES M. SMOAK, SR	1.2 NAME	
STREET ADDRESS	5121 BOWDEN Rd SUITE 304	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL. 32216	1.4 CITY-ST-ZIP	
TITLE	VICE-PRESIDENT ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LAWRENCE BENNETT	2.2 NAME	400002230634--0
STREET ADDRESS	315 HUBBERT ST.	2.3 STREET ADDRESS	-07/03/97--01129--008
CITY-ST-ZIP	PORT ORANGE, FL. 32119	2.4 CITY-ST-ZIP	****915.00 ****915.00
TITLE	SECRETARY/TREASURER ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LINDA D. SMOAK	3.2 NAME	
STREET ADDRESS	5121 BOWDEN Rd, SUITE 304	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL. 32217	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	DB 7-2-97
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 if changed, or on an attachment with an address.

SIGNATURE: [signature] JAMES M. SMOAK, SR 4/29/97 904-737-1049