

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000023783 (0)

1. Corporation Name
KPS SERVICE COMPANY, INC.

Principal Place of Business
5121 BOWDEN RD.
SUITE 304
JACKSONVILLE FL 32216

Mailing Address
5121 BOWDEN RD.
SUITE 304
JACKSONVILLE FL 32216



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/23/1995

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1700 Wells Rd.

26 1700 Wells Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 7

27 7

City & State

City & State

23 ORANGE PARK, FL

28 Orange Park, FL

24 32073

25 Clay

29 32073

30 Clay

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMOAK, JAMES M JR.
5121 BOWDEN RD.
SUITE 304
JACKSONVILLE FL 32216

81 Name James M. SMOAK JR.

82 Street Address (P.O. Box Number is Not Acceptable)
1700-7 Wells Rd.

83

84 City ORANGE PARK FL 85 Zip Code 32073

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME SMOAK, JAMES M JR.
STREET ADDRESS 5121 BOWDEN RD., SUITE 304
CITY-ST-ZIP JACKSONVILLE FL 32216

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

TITLE VP
NAME BENNETT, LAWRENCE
STREET ADDRESS 315 HUBERT ST.
CITY-ST-ZIP PORT ORANGE FL 32119

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

TITLE ST
NAME SMOAK, LINDA D
STREET ADDRESS 5121 BOWDEN RD., SUITE 304
CITY-ST-ZIP JACKSONVILLE FL 32216

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 or 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]

4/28/98 904-278-7555

CR2E034 (10/97)