

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90214 005 \*\*\*150.00  
04-27-1999 90214 006 \*\*\*\*\*8.75

DOCUMENT # P95000023783

1. Corporation Name  
KPS SERVICE COMPANY, INC.



Principal Place of Business  
1700 WELLS RD  
STE 7  
ORANGE PK FL 32073  
US

Mailing Address  
1700 WELLS RD  
STE 7  
ORANGE PK FL 32073  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
2177 Kingsley Ave.  
Suite, Apt. #, etc.  
#27  
City & State  
Orange Park, FL  
Zip  
32073  
Country  
USA

2a. Mailing Address  
2177 Kingsley Ave.  
Suite, Apt. #, etc.  
#27  
City & State  
Orange Park, FL  
Zip  
32073  
Country  
USA

3. Date Incorporated or Qualified  
03/23/1995

4. FEI Number  
59-3302744

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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

SMOAK, JAMES M JR.  
1700-7 WELLS RD  
ORANGE PK FL 32073

81 Name  
James M. SMOAK, JR.  
82 Street Address (P.O. Box Number is Not Acceptable)  
2177 Kingsley Avenue  
83 Suite 27  
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	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMOAK, JAMES M JR.	1.2 NAME	JAMES M. SMOAK, JR.
STREET ADDRESS	5121 BOWDEN RD., SUITE 304	1.3 STREET ADDRESS	2177 Kingsley Ave. #27
CITY-ST-ZIP	JACKSONVILLE FL 32216	1.4 CITY-ST-ZIP	Orange Park, FL 32073
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, LAWRENCE	2.2 NAME	
STREET ADDRESS	315 HURBERT ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32119	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMOAK, LINDA D	3.2 NAME	LINDA D. SMOAK
STREET ADDRESS	5121 BOWDEN RD., SUITE 304	3.3 STREET ADDRESS	2177 Kingsley Ave. #27
CITY-ST-ZIP	JACKSONVILLE FL 32216	3.4 CITY-ST-ZIP	Orange Park, FL 32073
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.

SIGNATURE:

JAMES M. SMOAK, JR. 4/22/99 904-276-4780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)