

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000024373 (9)

1. Corporation Name

DKE, INC.



Principal Place of Business

2013 HIGHWAY 87  
NAVARRE FL 32566

Mailing Address

2013 HIGHWAY 87  
NAVARRE FL 32566

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

29

25

30

9. Name and Address of Current Registered Agent

KILLINGSWORTH, ROBERT L  
~~2013 HIGHWAY 87~~  
~~NAVARRE FL 32566~~

81. Name

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

238 Crewilla Drive

83

84. City

FL

85. Zip Code

32548

11. Pursuant to the provisions of Sections 607.1502 and 607.1503, 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 changes are authorized by the corporation's Board of Directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligation of Sections 607.011 and 607.012, Florida Statutes.

SIGNATURE

*Robert L. Killingsworth*

Robert L. Killingsworth

3-20-96

12. OFFICERS AND DIRECTORS

|                |                         |                                  |
|----------------|-------------------------|----------------------------------|
| TITLE          | PTD                     | <input type="checkbox"/> DELETED |
| NAME           | KILLINGSWORTH, ROBERT L |                                  |
| STREET ADDRESS | 1900 RUE LA FONTAINE    |                                  |
| CITY, ST, ZIP  | NAVARRE FL 32566        |                                  |
| TITLE          | VSD                     | <input type="checkbox"/> DELETED |
| NAME           | KILLINGSWORTH, ANDREA L |                                  |
| STREET ADDRESS | 1900 RUE LA FONTAINE    |                                  |
| CITY, ST, ZIP  | NAVARRE FL 32566        |                                  |
| TITLE          |                         | <input type="checkbox"/> DELETED |
| NAME           |                         |                                  |
| STREET ADDRESS |                         |                                  |
| CITY, ST, ZIP  |                         |                                  |
| TITLE          |                         | <input type="checkbox"/> DELETED |
| NAME           |                         |                                  |
| STREET ADDRESS |                         |                                  |
| CITY, ST, ZIP  |                         |                                  |
| TITLE          |                         | <input type="checkbox"/> DELETED |
| NAME           |                         |                                  |
| STREET ADDRESS |                         |                                  |
| CITY, ST, ZIP  |                         |                                  |

13.

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2. NAME            | Address                                                                      |
| 3. STREET ADDRESS  | 238 Crewilla Drive                                                           |
| 4. CITY, ST, ZIP   | Fort Walton Beach, FL 32548                                                  |
| 5. TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            | Address                                                                      |
| 7. STREET ADDRESS  | 238 Crewilla Drive                                                           |
| 8. CITY, ST, ZIP   | Fort Walton Beach, FL 32548                                                  |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 10. NAME           |                                                                              |
| 11. STREET ADDRESS |                                                                              |
| 12. CITY, ST, ZIP  |                                                                              |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 14. NAME           |                                                                              |
| 15. STREET ADDRESS |                                                                              |
| 16. CITY, ST, ZIP  |                                                                              |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 18. NAME           |                                                                              |
| 19. STREET ADDRESS |                                                                              |
| 20. CITY, ST, ZIP  |                                                                              |

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not omit, in the exemption stated in Section 119.07(3)(g), 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 liquidator thereof, and that my signature is required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from or added to the list of officers and directors.

SIGNATURE:

*Robert L. Killingsworth*

Robert L. Killingsworth

3-20-96

904  
939-2550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

14-8-96