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FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000048655 (1)**

1. Corporation Name

X-K ASSOCIATES, INC.



Principal Place of Business

Mailing Address

**1258 PINE RIDGE CIR W
UNIT F-1
TARPON SPRINGS FL 34689**

**45 W TARPON AVE
UNIT F-1
TARPON SPRINGS FL 34689
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 45 WEST TARPON AVE

Suite, Apt. #, etc.

City & State

23 TARPON SPRINGS, FL

Zip

24 34689

Country

25

2a. Mailing Address

26 45 WEST TARPON AVE

Suite, Apt. #, etc.

City & State

28 TARPON SPRINGS, FL

Zip

29 34689

Country

30

3. Date Incorporated or Qualified

06/19/1995

4. FEI Number

59-3314378

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

9. Name and Address of Current Registered Agent

**UNBEHAGEN, ROGER
45 W TARPON AVE
TARPON SPRINGS FL 34689**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

ROGER J. UNBEHAGEN

1/6/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P
NAME PROUGH, JAMES R
STREET ADDRESS 1258 PINE RIDGE CIR W UNIT F-1
CITY-ST-ZIP TARPON SPRINGS FL 34689**

TITLE ☒ DELETE

**V
NAME FAHEY, MICHAEL
STREET ADDRESS 215 PHOENIX WAY
CITY-ST-ZIP VANCOUVER WA 98661**

TITLE ☒ DELETE

**S
NAME MORIN, JAMES
STREET ADDRESS 28 MERRITT RD
CITY-ST-ZIP S GLEN FALLS NY 12803**

TITLE ☐ DELETE

**T
NAME UNBEHAGEN, ROGER J
STREET ADDRESS 45 W TARPON AVE
CITY-ST-ZIP TARPON SPRINGS FL 34689**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 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:

ROGER UNBEHAGEN

813-934-7759

CR2E034 (10/97)