

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

FILED  
Jan 23 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 # P95000059588 (0)

1. Corporation Name  
K & K FARMS, INC.

Principal Place of Business

300 N.KROME AVE.  
FLORIDA CITY FL 33034

Mailing Address

PO BOX 349188  
FLORIDA CITY FL 33034  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1995

4. FEI Number

65-0605832

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

21 14331 SW. 285 St.

Suite, Apt. #, etc.

22 LEISURE City 71.

City & State

23

Zip

24 33033

Country

25 US

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

KONSKY, KENNETH  
28243 S.W. 158TH COURT  
HOMESTEAD FL 33033

10. Name and Address of New Registered Agent

81 Name

Donald King

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

14331 SW. 285 St.

83

LEISURE City.

84 City

FL

85 Zip Code

33033

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)

Donald King

1-8-98

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P  
KONSKY, KENNETH  
28243 SW 158 CT.  
HOMESTEAD FL 33033

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T  
KONSKY, TRACY  
28243 SW 158 CT.  
HOMESTEAD FL 33033

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V  
KING, DONALD  
14331 SW 285 CT.  
LEISURE CITY FL 33033

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S  
KING, MARY  
14331 SW 285 CT.  
LEISURE CITY FL 33033

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

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☐ Change ☐ Addition

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: Mary King 1-8-98 300 N. KROME AVE. FL 33034

CR2E034 (10/97)