

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

FILED

Jun 24 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 # P-95000065651
1. Corporation Name
KILKEAN ANTIQUES, INC.

Principal Place of Business Mailing Address
1415 TIMBERLANE RD
TALLAHASSEE FL 32312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
8-24-95
4. FEI Number
59-3368642
Applied:
Not App.
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

Amita M JANACEK
3620 Cherry Bluff Lane
Tallahassee Florida
32312

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 Amita M Janacek DATE 5/22/98
(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	DELETE	1.2 NAME	
STREET ADDRESS	DELETE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELETE	1.4 CITY-ST-ZIP	
TITLE	DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	DELETE	2.2 NAME	
STREET ADDRESS	DELETE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELETE	2.4 CITY-ST-ZIP	
TITLE	DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	DELETE	3.2 NAME	
STREET ADDRESS	DELETE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELETE	3.4 CITY-ST-ZIP	
TITLE	DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	DELETE	4.2 NAME	
STREET ADDRESS	DELETE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELETE	4.4 CITY-ST-ZIP	
TITLE	DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	DELETE	5.2 NAME	
STREET ADDRESS	DELETE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELETE	5.4 CITY-ST-ZIP	
TITLE	DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	DELETE	6.2 NAME	
STREET ADDRESS	DELETE	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELETE	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 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: Amita M Janacek - P-140 DATE: 6/22/98