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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Monthaul

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000070664 (4)

L K J BUILDERS OF POLK CITY INC.

## **FILED** Feb 10 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address						
203 S. BOGANVILLA POLK CITY FL 33968		POST OFFICE BOX 536						
		POLK CITY FL 33868				DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified		
						09/11/1995		
2, Principal P	lace of Business	2a. Mailing Address			<del></del>	4. FEI Number		Applied For
21		26				59-3332584		Not Applicabl
Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22		27				5. Certificate of Status Desired	Fee	Required
City & State	0	City & State				6. Election Campaign Financing		O May Be
23		28				Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip		untry		8. This corporation owes or has paid the cu		referre
24	25	29	30				Yes	No
	9. Name and Address of Current	Registered Agent		1		10. Name and Address of New Registered	Agent	
GO	ODMAN, LARRY			81	Name			
203 S. BOGANVILLA				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	LK CITY FL 33868							
				83				
				84	City		85 Zi	p Code
						F <u>L</u>	<b>-</b> 1 - 1	•
11. Pursuant	to the provisions of Sections 607 0502	and 607.1508, Florida Statute	es, the	above	e-named cor	poration submits this statement for the purpose of	of changing	g its registered
office or r agent. La	ragistered agent, or both, in the State t am familiar with, and accept the obligat	ir Honda, Such change was a tions of, Section 607.0505, Fig	prigaz St	atutes	ine corpora	rporation submits this statement for the purpose of the purpose of the specific part of directors. I hereby accept the applications in the specific part of	3 -34	- <b>7</b>
SIGNATURE			Tai	M	ンス	tooman 1-de	5-41	<b>T</b>
SIGNATIONE	Signature, typod or printed same of registered agent		Register	recy/Alue	int signature requ	uired when reinstating) DATE		
12:	OFFICERS AND		13	<del>`</del>		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	
TITLE	D	☐ DELETE	•	TITLE			L Unang	e L. Additio
NAME	CALHOUN, ROY L			NAME				
STREET ADDRESS	529 SMITH RD.		1.3	STREET	ADDRESS			
CITY+ST-ZIP	POLK CITY FL			CITY - S	T-ZIP			1 1 4 4 9 1 -
TITLE	ST	☐ DELETE		TITLE			Change	e 🔲 Additio
NAME	GOODMAN, KAY M		2.2	NAME				
STREET ADDRESS	203 BOUGAINVILLA		2.3	STREET	ADDRESS			
CITY-ST-ZIP	POLK CITY FL	-		CITY -	ST-ZIP			
TITLE	D	DELETE	3.1	TITLE	1		☐ Chang	e 🔲 Additio
NAME	VANDERHEYDEN, JAMES L		3.2	NAME				
STREET ADDRESS	1600 LAKE ELOISE DR		3.3	STREET	ADDRESS			
CITY - ST - ZIP	WINTER HAVEN FL		_	CITY-S	ST-ZIP			
TITLE	Ď	☐ DELETE	4.1	TITLE			☐ Chang	e 🔣 Additio
NAME	Knowles, Daniel G.		4. 2	NAME				
STREET ADDRESS	424 Citius Brove Divd.		4.3	STREET	ADDRESS			
CITY - ST - ZIP	Polk City FL		4.4	CITY-S	I - ZIP			
TITLE	D	☐ DELETE	5.1	TITLE			☐ Chang	e 🔀 Additio
NAME	Goodman, Larry C.		5.2	NAME				
STREET ADDRESS	IRI S Bousgingilla		5.3	STAEET	ADDRESS			
CITY - ST - ZIP	181 5 Bougainvilla		5.4	CITY-S	ST-ZIP			
TITLE	TOIL CITY I'S	DELETE	_	TITLE			☐ Chang	e 🔲 Additio
NAME				NAME				
******					ADDRESS			
STREET ADDRESS			0.3	JIREE!	MUUNEOO			

14. Thereby 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 suppliemental 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