

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

FILED
Jun 07, 1999 8:00 am
Secretary of State

06-07-1999 90017 050 ***550.00

0437376

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000070664**

1. Corporation Name
L K J BUILDERS OF POLK CITY INC.

Principal Place of Business
**203 S. BOGANVILLA
 POLK CITY FL 33868**

Mailing Address
**POST OFFICE BOX 536
 POLK CITY FL 33868**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/11/1995

4. FEI Number **59-3332584** 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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

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

9. Name and Address of Current Registered Agent
**GOODMAN, LARRY
 203 S. BOGANVILLA
 POLK CITY FL 33868**

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 _____ DATE **5-4-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CALHOUN, ROY L	
STREET ADDRESS	529 SMITH RD.	
CITY-ST-ZIP	POLK CITY FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	GOODMAN, KAY M	
STREET ADDRESS	203 BOUGAINVILLE	
CITY-ST-ZIP	POLK CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VANDERHEYDEN, JAMES L	
STREET ADDRESS	1600 LAKE ELOISE DR	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KNOWLES, DANIEL G	
STREET ADDRESS	424 CITRUS GROVE BLVD	
CITY-ST-ZIP	POLK CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOODMAN, LARRY C	
STREET ADDRESS	181 S BOUGAINVILLE	
CITY-ST-ZIP	POLK CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	PREV. AGENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LARRY C GOODMAN	
5.3 STREET ADDRESS	203 S. BOUGAINVILLE	
5.4 CITY-ST-ZIP	POLK CITY, FL 33868-0181	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *Larry C Goodman* DATE: **5-4-99** DAYTIME PHONE #: **941-484-3932**
Signature and typed or printed name of signing officer or director

CR2E034 (1/98)