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

Mailing Address

PROFIT
CORPORATION 4
ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthan

May 14 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000090241 (7)

K & K LANDSCAPE CONTRACTORS INC.

RT. 1-BOX 694- SUMMERLAND		P.O. BOX 420479 SUMMERLAND FL 33042-0479)			
US		US			3. Date Incorporated or Qualified 11/28/1995	3a. Date of Last Report 05/01/1996
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		65-0621766	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			SR 75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country Zip C		Countr	у	8. This corporation has liability for i	ntangible tax under s. 199.032,
24	25	29 30	<u> </u>	÷		Yes No
	9, Name and Address of Current	Registered Agent		T	10. Name and Address of New Re	jistered Agent
KATHERINE S. NOWAK			81	Name		
<u>"</u> 2914	43 VIOLET DRIVE		82	Street A	ddress (P.O. Box Number is Not Acceptab	le)
SUITE 211						,
BIG	PINE KEY FL 33043		83	H		
49			84	City		85 Zip Code
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508 Horida Statutos	the abov	o-named e	ornoration submits this statement for the n	urnose of changing its registated
11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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, typod or printed name of registered agent and title diapplicable (NOTE Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	D	DEFELE	1111111			Change Addition
NAME	NOWAK, KATHERINE	to distant T	1.2 NAME			
STREET ADDRESS	% P.O. BOX 420479 - > - [≥] > ^{≥<11}	43 VideLD	13 STREE	LADDRESS		
City-ST-ZIP	SUMMERLAND FL 33042 Pid	Pinekey, FL 33243	14 CdY-	S1 - 71P		
TITLE	D	DELETE	211611	{		Change Addition
NAME	MARSH, KATHRYN 🚬 🚕 q.	003 Magnolia Ln	2 2 NAMÉ	1		
STREET ADDRESS	% P.O. BOX 420479	Pine Key FL	2.3 S18EF	1 ADDRESS		
CITY - ST - ZIP	SUMMERLAND FL 33042	a 33043	2.4 CITY -	ST-ZIP		
TITLE		☐ DELETE	3 1 TITUE	{		Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREE	1 ADDRESS		
CITY-ST-ZIP			3 4. CHTY-	\$1-ZIP		
TITLE	<u> </u>	DELETE	4.1 TillE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-1	ST - 7iP		
TITLE		DELETE	511010			Change Addition
NAME			5.2 NAME			•
STREET ADDRESS			5.3 STREE	1 ADDRESS		
CITY-ST-ZIP			5.4 CITY -	ST-ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME	- 1		
STREET ADDRESS			63 STREE	1 ADDRESS		
CITY-ST-ZIP			6.4 DiTY-			
14. I do hereby certify that the information supplied with this filling 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						