

FILE NOW: FILING FEE AFTER MAY 1 IS \$5:

FILED

May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF REVENUE
Sandra B. May
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000091980 (9)

1. Corporation Name
NTK, INC.

Principal Place of Business

Mailing Address

~~1874 CONIFER COURT~~
~~DELAND FL 32720~~
240 SHADY BRANCH TRAIL
DELAND, FL 32724

~~1374 CONIFER COURT~~
~~DELAND FL 32720-0404~~
204 SHADY BRANCH TRAIL
DELAND, FL 32724

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

11/30/1995

03/21/1996

4. FEI Number

Applied For

59-3348329

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81

Name

JOE RENNA

82

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

240 SHADY BRANCH TRAIL

83

84

City

DELAND

FL

85

Zip Code

32724

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-8-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D RENNA, JOE
STREET ADDRESS
1374 CONIFER COURT
CITY-ST-ZIP
DELAND FL 32720

TITLE ☒ DELETE

NAME
D RENNA, MARY L
STREET ADDRESS
1374 CONIFER COURT
CITY-ST-ZIP
DELAND FL 32720

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
D RENNA JOE
1.3 STREET ADDRESS
240 SHADY BRANCH TRAIL
1.4 CITY-ST-ZIP
DELAND, FL 32724

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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

JOE RENNA

4-21-97

904-7344711

CR2E034 (9/96)