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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P95000092240 (7)

K-DOP INC.

FILED Jan 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 710 WHITETAIL CIRCLE POST OFFICE BOX 602 OSTEEN FL 32764 OSTEEN FL 32764-0802 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1996 2, Principal Place of Business 2a. Mailing Address Applied For 59-3344594 Not Applicable 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Źip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WATSON, PATSY C 710 WHITETAIL CIRCLE Street Address (P.O. Box Number is Not Acceptable) OSTEEN FL 32764 83 84 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 (NOTF: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE WATSON, PATSY C 1.2 NAME NAME 710 WHITETAIL CIR STREET ADDRESS 1.3 STREET ADDRESS OSTEEN FL CITY-ST-7IP 1.4 CITY - ST - ZIP Change DELETE Addition 2.1 TITLE TITLE Garza. Richard K NAME 2.2 NAME 3380 GEORGE SAULS ST. STREET ADDRESS 2.3 STREET ADDRESS **DELTONA FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE GARZA, ANTHONY L NAME 3.2 NAME 710 WHITETRAIL CIR STREET ADDRESS 3.3 STREET ADDRESS OSTEEN FL CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHTY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS

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 chapter, or on an attachagent with any address.