

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

FILED

**Apr 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000018681 (2)

1. Corporation Name
CKK CONNECTIONS, INC.



Principal Place of Business
**1607-D LISENBY AVE.
PANAMA CITY FL 32405**

Mailing Address
**1607-D LISENBY AVE.
PANAMA CITY FL 32405-3731**

3. Date Incorporated or Qualified
02/27/1996

3a. Date of Last Report

2. Principal Place of Business
21 **112 SERENADE LANE**
Suite, Apt. #, etc.

2a. Mailing Address
26 **112 SERENADE LANE**
Suite, Apt. #, etc.

4. FEI Number
593370004

Applied For
Not Applicable

22 City & State
23 **PANAMA CITY Bch, FL**
24 **32413** 25 **USA**

27 City & State
28 **PANAMA CITY Bch, FL**
29 **32413** 30 **USA**

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

9. Name and Address of Current Registered Agent

**YATES, KENNETH R
1607-D LISENBY AVE.
PANAMA CITY FL 32405**

10. Name and Address of New Registered Agent

81 Name **SAME**
82 Street Address (P.O. Box Number is Not Acceptable)
112 SERENADE LANE
83
84 City **PANAMA CITY BEACH FL** 85 Zip Code **32413**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
1.2 NAME	V CAROL B. YATES
1.3 STREET ADDRESS	112 SERENADE LANE
1.4 CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	T KATHRYN C. GOSA
2.3 STREET ADDRESS	112 SERENADE LANE
2.4 CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	P KENNETH R. YATES
3.3 STREET ADDRESS	112 SERENADE LANE
3.4 CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: _____ **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **04/07/97** (904) 230-2950
Daytime Phone #

CR2E034 (9/96)