

PROFIT
CORPORATION
ANNUAL REPORT
1999



FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90120 008 ***150.00

1. Corporation Name
J & K CONSULTING, INC.

Principal Place of Business
8265 VERMANTH ROAD
JACKSONVILLE FL 32211

Mailing Address
8265 VERMANTH ROAD
JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/19/1996

2. Principal Place of Business
21 4001- Retford Drive
Suite, Apt. #, etc.

2a. Mailing Address
26 4002 Retford Drive
Suite, Apt. #, etc.

4. FEI Number 59-3373595	Applied For
	Not Applicable

22 City & State
23 Jacksonville FL
Zip Country
24 32225 25

27	City & State	
28	Jacksonville	FL
29	Zip	Country
	32225	30

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WALKER, JAMES F JR
8265 VERMANTH RD
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable) 4002 Retford Drive
83	
84	City Jacksonville

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

12.	OFFICERS AND DIRECTORS
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	WALKER, JAMES F JR.	
STREET ADDRESS	8265 VERMANTH ROAD	
CITY-STATE-ZIP	JACKSONVILLE FL 32211	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13.		ADDITCNs/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

1.2 NAME
1.3 STREET ADDRESS 4002 Re+ford Drive
1.4 CITY-ST-ZIP Jacksonville FL 32225

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		<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 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 a other like empowered.

SIGNATURE: James F Walker, Jr James F Walker, JR 4-19-99 904-642-6162

CR2E034 (11/98)