FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** May 24, 1999 8:00 am FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1999 05-24-1999 90011 034 ***150.00 DOCUMENT # P9600098170 1. Corporation Name K + D, Incorporated Principal Place of Business 4020 HAZEL JONES ROAD Callahan, FL 32011 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 1265 1996 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State - - -City-&-State----6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible Personal Property Tax. Country Country Zip Zip Personal Property Tax. □No 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent C. Adams Donald Braddock. 4020 HAZEL JONES ROAD 83 Callahan, FL Acksonville 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 event, 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 farm with, and accept the obligations of Section 607.0505, Florida Statutes. nen reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change 11 TITLE Braddock, Donald J CR2E034 1.2 NAME 1,3 STREET ADDRESS STREET ADDRESS 020 Hazel 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE Braddock, Kimberly A Kimberly, A. 22 NAME Kazel Johes HAZEL Jones 2.3 STREET ADDRESS STREET ADDRESS cksonville fe allahan, FL 32011 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 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) s. 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 so that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 1997 and Startifes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

4.4 CITY-ST-ZIP

54 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.1 TITLE

52 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

□ DELETE

☐ DELETE

Braddock

21

22

23

12.

TITLE

TITLE

NAME

NAME

TITLE NAME

TITLE

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

☐ Addition

Addition