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May 08 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 # P96000100195 (2)

1. Corporation Name
JKG GROUP, INC.



Principal Place of Business
1855 IONIA STREET
JACKSONVILLE FL 32206

Mailing Address
1855 IONIA STREET
JACKSONVILLE FL 32206-3817

3. Date Incorporated or Qualified
12/10/1986

3a. Date of Last Report
none

2. Principal Place of Business

2a. Mailing Address

21 4475 28th St. North
Suite, Apt. #, etc.

26 P O Box 30395
Suite, Apt. #, etc.

4. FEI Number
59-3421871

Applied For
Not Applicable

22 City & State
St Petersburg, FL

27 City & State
Charlotte NC

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

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip
33714

25 Country
Pinellas

28 Zip
28230

30 Country
Mecklenburg

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHINN, JAY
1855 IONIA STREET
JACKSONVILLE FL 32206

81 Name

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

83

84 City

FL

85 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

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	Jay C. Shinn President	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS	3931 Glenwood Drive	
CITY-ST-ZIP	Charlotte, NC 28208	
TITLE	James H. Hynaski	<input type="checkbox"/> DELETE
NAME	Vice President	
STREET ADDRESS	3931 Glenwood Drive	
CITY-ST-ZIP	Charlotte, NC 28208	
TITLE	H. Gene Rutherford	<input type="checkbox"/> DELETE
NAME	Secretary	
STREET ADDRESS	4475 28th street North	
CITY-ST-ZIP	St. Petersburg, FL 33714	
TITLE	Kim Halnaway	<input type="checkbox"/> DELETE
NAME	Vice President	
STREET ADDRESS	4475 28th street North	
CITY-ST-ZIP	St. Petersburg, FL 33714	
TITLE	Jeffrey F. Bridgeman	<input type="checkbox"/> DELETE
NAME	Treasurer	
STREET ADDRESS	3431 Glenwood Drive	
CITY-ST-ZIP	Charlotte, NC 28208	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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: *Jeffrey F. Bridgeman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

704-392-3226

Date

Daytime Phone # 0000216

CR2E034 (9/96)