FILED Mar 23, 1999 8:00 am

Secretary of State

03-23-1999 90059 007 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000010114

K & L MARKETING, INC. Mailing Address Principal Place of Business 13065 BIRCH BARK COURT NORTH 13065 BIRCH BARK COURT NORTH JACKSONVILLE FL 32246 JACKSONVILLE FL 32246 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/31/1997 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-3425875 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. _. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State 6. Flection Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation owes the current year Intangible Zio □No ☐ Yes Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PATTERSON, LAWRENCE R ESQ Street Address (P.O. Box Number is Not Acceptable) 82 3010 SOUTH THIRD STREET JACKSONVILLE BEACH FL 32250 83 85 Zip Code 84 City 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) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. □ DELETE Change ☐ Addition 1.1 TITLE TITLE SAMPSON, KENNETH D 1.2 NAME NAME 13065 BIRCH BARK COURT NORTH 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32246 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE [1] Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE

I. 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 chenged or on an attachment with an address, with all other like empowered.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

□ DELETE

□ DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE: 1000

NAME

TIDE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SAMPAN 3 1 99 904-231-9257

Change

Change

☐ Addition

☐ Addition

- CR2E034 (11/98)