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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000026216 (6)

J.K. ELECTRIC OF CENTRAL FLORIDA, INC.

FILED Feb 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 701 E ALPINE STREET 701 E ALPINE STREET **ALTAMONTE SPRINGS FL 32701** ALTAMONTE SPRINGS EL 32701 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/24/1997 2. Principal Place of Business 2a, Mailing Address Applied For 59-3446303 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Z(p)Country 8. This corporation owes or has paid the current year Intangible 24 X Yes 25 Personal Property Tax due June 30. 29 30 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name KOKOSKA, JOSEPH 701 E ALPINE STREET Street Address (P.O. Box Number is Not Acceptable) ALTAMONTE SPRINGS FL 32701 83 84 City Zip Code 85 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 Suich 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 hen reinstating) OFFICERS AND DIRECTORS 12, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change DELETE Addition 1.1 TITLE TITLE KOKOSKA, JOSEPH 1.2 NAME NAME 701 E ALPINE STREET STREET ADDRESS 1.3 STREET ADDRESS **ALTAMONTE SPRINGS FL 32701** 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition | DELETE 2.1 TITL€ Change NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADORESS STREET ADORESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY+ST-ZIP 4.4 City - St - ZiP Addition DELETE Change TITLE 5.1 TITLE 5 2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST-ZIP CITY - ST - ZIP

14. Hereby certify that the information supplied with this filting 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

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JOSEPH KOKOSKA 2-4-98 (407)831-0644