

FILE NOW - FILING FEE AFTER JAN 1ST IS \$550.00

FLORIDA DEPARTMENT OF STATE  
 Secretary B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS.

FILED

98 DEC 15 PM 3:18

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **PA7000028158**

1. Corporation Name  
**TKAPC, INC.**

Principal Place of Business Mailing Address  
**4605 Timberland Dr  
 Pace FL 32571**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
21		26	<b>PO BOX 10512</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28	<b>Pensacola FL</b>	29		30	
Zip	Country	Zip	Country	32524		Escambia	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>Alex McLachlan 470 Mapleleaf Cir Pensacola FL 32514</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	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. 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) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>President Donald Roemer</b>	1 2 NAME	<b>000002718830-9</b>
STREET ADDRESS	<b>4605 Timberland Dr</b>	1 3 STREET ADDRESS	<b>-12/22/98-01038-019</b>
CITY-ST-ZIP	<b>Pace FL 32571</b>	1 4 CITY-ST-ZIP	<b>***158.75 ***158.75</b>
TITLE	<input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Vice President Alex McLachlan</b>	2 2 NAME	
STREET ADDRESS	<b>470 Mapleleaf Cir</b>	2 3 STREET ADDRESS	
CITY-ST-ZIP	<b>Pensacola FL 32514</b>	2 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Sec/Treas. Steve Driver</b>	3 2 NAME	
STREET ADDRESS	<b>4605 Timberland Dr</b>	3 3 STREET ADDRESS	
CITY-ST-ZIP	<b>Pace FL 32571</b>	3 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: **[Signature]** 12-15-98 (650) 484-2433  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)