FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

B. K. & H. ENTERPRISES, INC.



DOCUMENT # P97000032560

1. Corporation Name

FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Feb 20, 1999 8:00 am Secretary of State Secretary of State 02-20-1999 90034 023 ***150.00

FILED

(1661) 682 118 181() 188()	aans bene aben 4	4186 NEED HEED GIEL	

Principal Place of Business Mailing Address								
5124 FAIRWAY ONE DR 5344 PINEBARK LANE VALRICO FL 33594 WESLEY CHAPEL FL 33543		3543			DO NOT WRITE IN THIS SPACE			
US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
						04/10/1997		
						4, FEI Number		oplied For
2. Principal Pla	ace of Business	2a. Mailing Address				59-3433651	<u> </u>	lot Applicable
11		26						Additional
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	7 -	Required
		27				- Clastice Compaign Financing	\$5.00	0 May Be
City & State	•	City & State				6. Election Campaign Financing Trust Fund Contribution		to Fees
23		28	Cou	ntne		8. This corporation owes the current year I	ntangible	
Zip	Country	Zip	30	iiu y		Personal Property Tax.	Yes	□No
24	25	29	[30]			10. Name and Address of New Registere	d Agent	
	9. Name and Address of Curren	t Registered Agent		81	Name	10.		
WAT	KINS, CARL T CPA							
7945	JACKSON SPRINGS ROAD			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
SUIT				83				
							- C L = 0	<u> </u>
IAMI	PA FL 33634			84	City	F	85 Zi	p Code
						to all the suppose	of changing	its registered
11. Pursuant to office or reagent. I ar	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida S of Florida. Such change w tions of, Section 607.0505	vas authorized 5, Florida Stat	by utes	the corporatio	oration submits this statement for the purpose in's board of directors. I hereby accept the app	oointment as	registered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Registered	d Agen	nt signature required	when reinstating) DATE		
	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12
TITLE	D	☐ DELET	Ē 1.1 Τ	ITLE		•	Chang	e Addition
NAME	GREEN, CHARLES H		1.2 N	AME				ļ
1	5344 PINEBARK LANE		1.3 S	TREE	TADDRESS			
STREET ADDRESS	WESLEY CHAPEL FL 33543		1.4 0	TY-S	T-ZIP			
CITY-ST-ZIP TITLE	D	☐ DELE	TE 2.1 T	ITLE			Chang	ge Addition
	GREEN, BRENDA K		2.2 N	IAME				1
NAME	5344 PINEBARK LANE		2.3 8	TREE	TADORESS			
STREET ADDRESS	WESLEY CHAPEL FL 33543		2.4	CITY-S	ST-ZIP			
CITY-ST-ZIP TITLE	WEGGET GIVALENTE GOOTS	DELE	TE 3.11	TLE			Chang	e Addition
			3.2	AME				1
NAME			3.3 9	TREE	T ADORESS			j
STREET ADDRESS			3.4.	CITY-S	ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELE	TE 4,11	TITLE			☐ Chan	ge 🗍 Addition
			4. 2	NAME				•
NAME			4.3	STREE	T ADDRESS			
STREET ADDRESS					ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELE		TITLE			Chan	ge 🔲 Addition
	1		5.2	NAMÉ				
NAME			5.3	STREE	ET ADORESS			ł
STREET ADDRESS]		5.4	CITY-S	ST-ZIP			
CITY-ST-ZIP		☐ DELE	TE 6.1	TITLE			Chan	ige 🔲 Addition
TITLE	1		6.2	NAME				
NAME			6.3	STREE	ET ADDRESS			ſ
STREET ADDRESS	S		6.4	CITY-	ST-ZIP			
OCTO COT TID	1				1			

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 with all other like empowered.

SIGNATURE: