FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 24 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P97000036177 (8) GRK. INC. Mailing Address Principal Place of Business 3732 MOTT ROAD 3732 MOTT ROAD DOVER FL 33527 DOVER FL 33527 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/21/1997 2. Principal Place of Business Applied For 2a. Mailing Address 26 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 6 Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible Country Yes Yes ☐ No Personal Property Tax due June 30. 30 24 25 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name KENNEDY, GARY R 3732 MOTT ROAD Street Address (P.O. Box Number is Not Acceptable) DOVER FL 33527 83 84 Zip Code City 85 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 agont, 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 little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE Change Addition TITLE NAME KENNEDY, GARY R 1.2 NAME 3732 MOTT ROAD 1.3 STREET ADDRESS STREET ADDRESS DOVER FL 33527 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE KENNEDY, DIANA S 2.2 NAME NAME 3732 MOTT ROAD 2.3 STREET ADDRESS STREET ADDRESS DOVER FL 33527 2. 4 CITY - ST - ZIP CITY-ST-ZIP ___ Addition DELETE Change 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY+ST-ZIP CITY-ST-ZIP Addition Change DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE

6.1 TITLE

62 NAME

14. Thereby 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. 6.4 CITY - ST - ZIP

6.3 STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP