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

**PROFIT CORPORATION** ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000084239 (7) DOCUMENT #

JKRIS ENTERPRISES, INC.

## **FILED** Jul 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1002 RAYMOND AVENUE 1002 RAYMOND AVENUE ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/29/1997 2. Principal Place of Business 2a. Mailing Address 59-351964 4. FEI Number Applied For S.R. 434 **7**94 26 50.30 Not Applicable Suite Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 118 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28  $\Box$ Trust Fund Contribution Added to Fees Žip Country 8. This corporation owes or has paid the current year Intangible 25 USA 29 ☐ Yes 30 Personal Property Tax due June 30. ΠÑο 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DAVIS, JEFFREY A Name 1002 RAYMOND AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) ALTAMONTE SPRINGS FL 32701 83 84 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. 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. A. DAVIS DELETE TITLE 1.1 THIE Change JEFFREY KRISTING M- DAUB Dreswent NAME 1.2 NAME 1002 RAYMOND ANE 1000 RAYMOND AUE. STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 31 THLE Change Addition NAME 32 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Addition 2000025880**8**2 -07/14/98--01042--050 NAME 6.2 NAME STREET ADDRESS 6.3 STREE1 ADDRESS \*\*\*150.00 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 corpd ation or the receiver or trusted 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 at attachment with an address.