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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 1. Corporation Name

P97000105162 (6)

JKI, INC.

Principal Place of Business

Mailing Address

## **FILED** May 06 1998 8:00am Secretary of State



6309 SPRING OAK COURT TAMPA FL 33625			6309 SPRING OAK COURT TAMPA FL 33625				
							DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified 12/15/1997
2. Principal Place of Business			2a. Mailing Address				4, FEI Number Applied For
21			26				59-3489 434 Not Applicab
Suite, Apt. #, etc.		2	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees
Zip	Countr		Zip	Cou	ntry		8. This corporation owes or has paid the current year Intangible
24	25	2	9	30			Personal Property Tax due June 30.  Yes No
	9. Name and Addre	ss of Current Re	gistered Agent		2.1		10. Name and Address of New Registered Agent
GRI	i <b>ffin</b> , j f III				81	Name	10
6309 SPRING OAK COURT TAMPA FL 33625					82 Street Address (P.O. Box Number is Not Acceptable)		
1 1	WEA EL 33023			Ì	83		
•				ŀ	84	City	FL 85 Zip Code
office or re	egistered agent, or both	n, in the State of FI	d 607.1508, Florida Statuti orida. Such change was a s of, Section 607.0505, Flo	authorized	d by	the corp	ed corporation submits this statement for the purpose of changing its registere corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name	e of registered agent and	Me d applicable (NOI	F Registered	1 Ager	nt signature	sture required when reinstating) DATE
12.		FFICERS AND DIF		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELETE	1.1 TO	TLE		Change Addition
NAME	GRIFFIN, J F III			1.2 NA	AME		GRIFFIN, K.A. 6309 Spring Oak Ct. Tampa F1 33625
STREET ADDRESS	6309 SPRING OA	k court		1.3 ST	REET	ADDRESS	is 6304 Spring Wak Ct.
CITY-ST-ZIP	TAMPA FL 33625			1.4 C(	TY-SI	I - ZIP	Tampa F1 33625
TITLE	D		<b>⋈</b> DELETE	2.1 Til	TLE		Change Addition
NAME	urquhart, K A			2.2 NA	AME		
STREET ADDRESS	6309 SPRING OA	K COURT		2.3 SŦ	REET	address	ss _
CITY-ST-ZIP	TAMPA FL 33625			2. 4 C	ITY-S	T-ZIP	
TITLE			L DELETE	3.1 TJT	TLE		Change Additi
NAME				3.2 NA	AME		
STREET ADDRESS				3.3 ST	REET	ADDRESS	SS
CITY-ST-ZIP				3.4. CI	_	T-ZIP	
TITLE			L) DELETE	4.1 101	-		Change Additi
NAME				4. 2 N			
STREET ADDRESS				1		address	\$
CITY-ST-ZiP	<u> </u>		Dr. FTr	4.4 CI		r-ZIP	☐ Change ☐ Additi
TITLE			☐ DELETE	5.1 Til			Citarge C Adulti
NAME				5.2 NA		(DDDFCC	
STREET ADDRESS						ADDRESS	»
CITY-ST-ZIP	<del> </del>		DELETE	5.4 CF		- ZIP	Change Addition
TITLE				6.1 Til			La Viange La Nouvil
NAME				6.2 NA		IDDOC	
STREET ADDRESS						ADDRESS	>
CITY-ST-ZIP	ertify that the information	on supplied with th	is filing does not qualify fo	6.4 Cl	iy-Sl amot	ion state	Lated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio
indicated of officer or o	on this annual report of	supplemental and on or the receiver	nual report is true <b>and</b> acc or trustee empowered to	rurate and	d tha	it mu sia	signature shall have the same legal effect as if made under oath; that I am an as required by Chapter 607, Florida Statutes; and that my name appears in