2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am Secretary of State DOCUMENT # P98000008961 1. Entity Name 02-05-2002 90062 030 ***150 00 RKC ENTERPRISES, INC. Principal Place of Business Mailing Address 314 N OMAHA ST P.O. BOX 39 LAKE HAMILTON FL 33851 LAKE HAMILTON FL 33851-0039 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3499358 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHEIL. PATRICK Street Address (P.O. Box Number is Not Acceptable) 313 SECURITY SQUARE WINTER HAVEN FL 33880 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution П Added to Fees . (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition KOCHER, CARL E NAME NAME STREET ADDRESS 314 N OMAHA ST STREET ADDRESS CITY-ST-ZIP **LAKE HAMILTON FL 33851** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME KOCHER, REGINA T NAME STREET ADDRESS STREET ADDRESS 314 N OMAHA ST CITY-ST-ZIP **LAKE HAMILTON FL 33851** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE TITLE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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KEWWITE SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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13. I hereby certify that the information supplied with this filing does not dealify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and account 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 greate this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

1-16-02 863-439-19BC

FILED