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Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90032 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>59-3493417-29600010686</u>			
1. Corporation Name <u>KTK Industries, Inc.</u>			
Principal Place of Business <u>4723 School Road</u> <u>Land O'lakes, FL 34639</u>		Mailing Address <u>P.O. Box 1792</u> <u>Land O'lakes FL 34639</u>	
2. Principal Place of Business 21 <u>4723 School Road</u> Suite, Apt. #, etc.		2a. Mailing Address 26 <u>P.O. Box 1792</u> Suite, Apt. #, etc.	
22 <u>Land O'lakes, FL</u> City & State		27 <u>Land O'lakes FL</u> City & State	
23 <u>34639</u> Zip		28 <u>34639</u> Zip	
24 <u>Passco</u> Country		29 <u>Passco</u> Country	
9. Name and Address of Current Registered Agent <u>Kevin V. Knowles</u> <u>4723 School Road</u> <u>Land O'lakes, FL 34639</u>			
10. Name and Address of New Registered Agent 81 Name <u>Kevin V. Knowles</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>4723 School Road</u> 83 84 City <u>Land O'lakes</u> 85 Zip Code <u>34639</u>			
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 <u>Kevin V. Knowles President</u> DATE <u>6/2/99</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <u>President</u> <input type="checkbox"/> DELETE NAME <u>Kevin V. Knowles</u> STREET ADDRESS <u>4723 School Rd</u> CITY-ST-ZIP <u>Land O'lakes FL 34639</u>		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE <u>Vice President</u> <input type="checkbox"/> DELETE NAME <u>Teresa A Knowles</u> STREET ADDRESS <u>4723 School Road</u> CITY-ST-ZIP <u>Land O'lakes 34639</u>		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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 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: Kevin V. Knowles President **DATE** 6/2/99 **Daytime Phone #** 813-929-0077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)