

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000026265

1. Corporation Name

R.K. EXTERIORS, INC.

Principal Place of Business Mailing Address					, , <u>, , , , , , , , , , , , , , , , , </u>			
* * * * * * * * * * * * * * * * * * * *		5 PALM DRIVE				•		
KEY LARGO FL 33037 KEY L		KEY LARGO FL 33037	KEY LARGO FL 33037		DO NOT WRITE II	N THIS SPACE		
					3. Date Incorporated or Qualifed			
					03/20/1998	•		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			650820671		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional			
22		27			5. Certificate of Status Desired	Fee	Required	
City & Stat	е	City & State			6. Election Campaign Financing	\$5.0	0 May Be	
23		28			Trust Fund Contribution	Adde	ed to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current y			
24	25	29 30	0		Personal Property Tax.	Yes	□No	
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered Agent				
KNO	DIE DEDDA I		81	Name				
KNODLE, DEBRA J			82	82 Street Address (P.O. Box Number is Not Acceptable)				
5 PALM DRIVE KEY LARGO FL 33037								
NE I	LANGU FL 33037		83				ì	
			84	City		85 Zi	ip Code	
			-	0,		FL T		
agent. I a SIGNATURE	m familiar with, and accept the oblig	gations of, Section 607.0505, Florida	a Statutes	•	on's board of directors. I hereby accept the	DATE		
12.	OFFICERS AND DIRECTORS 13		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PD	☐ DELETE	1.1 TITLE			Chang	ge 🗌 Addition	
NAME	KNODLE, RICHARD		1.2 NAME					
STREET ADDRESS	PO BOX 2603 N/A		1.3 STREET	TADDRESS				
CITY-ST-ZIP	KEY LARGO FL 33037	į	1.4 CITY-S	T-ZIP			***	
TITLE		☐ DELETE	2.1 TITLE			Chang	ge	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET	(ADDRESS				
CITY-ST-ZIP			2. 4 CITY- S	T-ZIP				
TITLE		☐ DELETE	3.1 TITLE			☐ Chang	ge Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	í ADDRESS				
CITY-ST-ZIP			3.4. CITY-S	iT-ZiP				
TITLE		☐ DELETE	4.1 TITLE			☐ Chang	ge	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS		•		
CITY-ST-ZIP			4.4 CITY-S	T- ZIP				
TITLE		☐ DELETE	5.1 TITLE			Chang	ge 🗌 Addition	
NAME			5.2 NAME				. •	

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.

5.3 STREET ADDRESS

63 STREET ADDRESS

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

6.1 TITLE

62 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90196 010 ***150.00

Addition