FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043292 1. Entity Name K-RON CONSTRUCTION, INC.					Feb 25, 2002 8:00 am Secretary of State 02-25-2002 90045 024 ***150.00			
Principal Plac 1722 MONTEE LAKELAND FL	E LANE	Mailing Address P.O. BOX 5108 LAKELAND FL 33807-5108				NK Ba lki Ba lki Balki bilab kiki b ji alb	(1911 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111	
	lace of Business eartland Circle	3. Mailing Address				(
	#_etc. # 818	Suite, Apt. #, etc.			DO NOT WRIT	E IN THIS SPACE		
Mulb	erry, FL	City & State		4.	FEI Number 59-3513639	No	plied For t Applicable	
Zip 338		Zip	Country		Certificate of Status Desired	S8.75 Add Fee Required		
	6. Name and Address of Current F	legistered Agent	- Name i		Name and Address of New R			l
HINKLEY, RONALD L JR 1722 MONTEE LANE LAKELAND FL 33811		Kol		Konald ddress (P.O.) 300 Hi	L: Hinkley, Ji Box Number is Not Asseptable lantland Circ	r. le, Apt.#8	218	
				Mulber		FL Zip Cod	60	
8. The above	named entity submits this statement for Signature, typed or printedname of registered agent a		gistered office or		02/07	/o2		
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After May 1, 2002	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 ike Check Payable to Department of State		10. Election Campaign Fin Trust Fund Contribution	n. Added	0 May Be I to Fees	
11.	OFFICERS AND (DIRECTORS	12.	Αl	ODITIONS/CHANGES TO OFF	CERS AND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HINKLEY, RONALD L JR 1722 MONTEE LANE LAKELAND FL 33811	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		, Ronald L. Jr. x 5108 and, FL 33807-5	© Change	Addition	R2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[□ Change	☐ Addition	2
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete -	TITLE NAME STREET ADDRESS CITY-ST-ZIP		and the second of the second o	Change	Addition	
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indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, v	true and accurate and that my wered to execute this report as	signature shall r	have the same	Hegal effect as if mage unger (oatn: inat i am an omcer	or airector 1	

UR COURSE

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: