FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2002 8:00 am Secretary of State

DOCUMENT # P99000032816 1. Entity Name J&K RANCH, INC.						05-02-2002 90059	9 049 ***150.00	I
DO NOT WRITE IN THIS SPACE								
	an Fleet Drive	3. Mailing Address 255 West Van	255 West Van Fleet Drive					
Suite, Apt. #, etc		Suite, Apt. #, etc.				DO NOT WRITE IN THIS S	SPACE .	
City & State Bartow,	Florida	City & State Bartow, F	City & State Bartow, Florida		4.	FEI Number 59 -3624311	Applied For	
Zip 33830	Country - USA	Zip 33830	Cour	try	5. (\$8.75 Additional Fee Required	
			· · · · · · · · · · · · · · · · · · ·	Name		ame and Address of Current Registered	Agent	
DO NOT WRITE Street					ames R. Meyer ess (P.O. Box Number is Not Acceptable)			
		223	Sout	h Central Avenue	* *			
<u> </u>				City Bart	ow	FL	Zip Code 33830	\neg
8. The above name	d entity submits this statement fo	or the purpose of changing its	register	ed office or regis	stered ag	ent, or both, in the State of Florida.		
SIGNATURE Signatur	re, typed or printed name of registrated agent	and title if applicable. {NOTE	: Registere	d Agent signalure regi	anad wben re	April 3, 2	2002	
9. This corporation Tax filing require (See criteria on b	is eligible to satisfy its Intangible ment and elects to do so. Dack)	Aπer may	i, Fee i UBR i	s \$550.00 s \$61.25⊪ · ∞		Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	э
11.	OFFICERS AND resident/Directo		TITLE					\exists^{ε}
STREET ADDRESS CITY-SI-ZIP Kelly S. Roth 2427 Crews Lake Hills Loop North Lakeland, Florida 33813				ET AODRESS ST-ZIP				CR2E034B (12/01)
NAME SIREET ADDRESS CITY-SI-ZIP SI-ZIP Secretary/Treasurer/Director John C. Giovanetti 5131 Waterwood Drive Bartow, Florida 33830			TITLE NAMI STRE	J	# THE			CRZE
TITLE NAME— STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP	AND ST	DO NOT WRIT	ſĚ · ·····	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ET ADDRESS			T ADDRESS ST-ZIP		IN THIS SPAC		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	CITY-	T ADDRESS ST-ZIP				
indicated on this of the corporatio	report or supplemental report is	true and accurate and that me owered to execute this report	v sionati	ire shall have th	e same le	(19.07(3)(i), Florida Statutes, I further certif egal effect as if made under oath; that I an rida Statutes; and that my name appears	an officer or director	
SIGNATURE		RINTED NAME OF SIGNING OFFICER O	R DIRECTO	DR .			-534-1561 time Phase #	