CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S42355 (5)

1. Corporation Name
R. J. KALKA, INC.

Principal Place of Business	Mailing Address
P O BOX 061014 FT MYERS FL 33906	P O BOX 061014 FT MYERS FL 33906

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1991
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

4. FEI Number: 65-0255804 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KALKA, ROBER J
1405 MCKINLEY AVE
LEHIGH FL 33936

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.1005, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 TITLE	PST	41 TITLE	☐ Change ☐ Addition
32 NAME	KALKA, ROGER J	42 NAME	
33 STREET ADDRESS	1405 MCKINLEY AVE	43 STREET ADDRESS	
34 CITY-ST-ZIP	LEHIGH FL	44 CITY-ST-ZIP	
35 TITLE	D	45 TITLE	☐ Change ☐ Addition
36 NAME	KALKA, ROGER J	46 NAME	
37 STREET ADDRESS	1405 MCKINLEY AVE	47 STREET ADDRESS	
38 CITY-ST-ZIP	LEHIGH FL	48 CITY-ST-ZIP	
39 TITLE	VP	49 TITLE	☐ Change ☐ Addition
40 NAME	KALKA, MARK A	50 NAME	
41 STREET ADDRESS	13 ANDORA	51 STREET ADDRESS	
42 CITY-ST-ZIP	LEHIGH ACRES FL	52 CITY-ST-ZIP	
43 TITLE		53 TITLE	☐ Change ☐ Addition
44 NAME		54 NAME	
45 STREET ADDRESS		55 STREET ADDRESS	
46 CITY-ST-ZIP		56 CITY-ST-ZIP	
47 TITLE		57 TITLE	☐ Change ☐ Addition
48 NAME		58 NAME	
49 STREET ADDRESS		59 STREET ADDRESS	
50 CITY-ST-ZIP		60 CITY-ST-ZIP	
51 TITLE		61 TITLE	☐ Change ☐ Addition
52 NAME		62 NAME	
53 STREET ADDRESS		63 STREET ADDRESS	
54 CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 31 or Block 35 above or on an attachment with an address.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #

0449050 FP