

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S47479** (8)

1. Corporation Name
J & K FAMILY ENTERPRISES, INC.



Principal Place of Business

2013 BRENTWOOD DR
~~101-145~~
AUBURDALE FL 33823
US

Mailing Address

2013 BRENTWOOD DR
~~101-145~~
AUBURDALE FL 33823
US

3. Date Incorporated or Qualified
04/22/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **2013 Brentwood Dr.**

2a. Mailing Address

26 **2013 Brentwood Dr.**

4. FEI Number
59-3057598

Applied For
☐ Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

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

23 City & State
Auburndale, FL

28 City & State
Auburndale, FL

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

24 Zip **33823** 25 Country **Pol/K**

29 Zip **33823** 30 Country **Pol/K**

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

9. Name and Address of Current Registered Agent

MURPHY, RONALD T.
4740 CLEVELAND HEIGHTS BLVD.
SUITE 1
LAKELAND FL 33807

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **KNAPP, DONALD O.**
STREET ADDRESS **4345 DORAL CT**
CITY - ST - ZIP **LAKELAND FL**

TITLE **SD** ☐ DELETE
NAME **KNAPP, MARTIN V.**
STREET ADDRESS **1178 ASHBORO CT.**
CITY - ST - ZIP **LAKELAND FL**

TITLE **VD** ☐ DELETE
NAME **JENNINGS, GUY**
STREET ADDRESS **1158 ASHBORO CT**
CITY - ST - ZIP **LAKELAND FL**

TITLE **D** ☐ DELETE
NAME **KNAPP, RANDALL L.**
STREET ADDRESS **1510 NORTH LAKE MIRROR DRIVE, NW**
CITY - ST - ZIP **WINTER HAVEN FL**

TITLE **TD** ☐ DELETE
NAME **JOHNSON, WILLIAM C.**
STREET ADDRESS **2013 BRENTWOOD DRIVE**
CITY - ST - ZIP **AUBURDALE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Knapp, Randall L.**
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE **V/D** ☒ Change ☐ Addition
3.2 NAME **Jennings, Thomas G.**
3.3 STREET ADDRESS **410 Adams Rd.**
3.4 CITY - ST - ZIP **Auburndale, FL 33823**

4.1 TITLE **P/D** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE **V/D** ☐ Change ☒ Addition
6.2 NAME **Wnek, Michael E.**
6.3 STREET ADDRESS **526 H. H. Side Dr.**
6.4 CITY - ST - ZIP **Auburndale, FL 33823**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **William C. Johnson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-96 941-665-085

CR2E034 (12/95)