

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S47479 (8)
 1. Corporation Name
J & K FAMILY ENTERPRISES, INC.



Principal Place of Business 2013 BRENTWOOD DR AUBURNDAL FL 33823 US	Mailing Address 2013 BRENTWOOD DR AUBURNDAL FL 33823-2022 US
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3. Date Incorporated or Qualified 04/22/1991	3a. Date of Last Report 04/30/1996
4. FEI Number 59-3057598	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	VD	<input type="checkbox"/> DELETE
NAME	WNEK, MICHAEL E.	
STREET ADDRESS	528 HILLSIDE DR	
CITY-ST-ZIP	AUBURNDAL FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KNAPP, MARTIN V.	
STREET ADDRESS	1178 ASHBORO CT.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JENNINGS, THOMAS G.	
STREET ADDRESS	410 ADAMS RD	
CITY-ST-ZIP	AUBURNDAL FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KNAPP, RANDALL L.	
STREET ADDRESS	1510 NORTH LAKE MIRROR DRIVE, NW	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JOHNSON, WILLIAM C.	
STREET ADDRESS	2013 BRENTWOOD DRIVE	
CITY-ST-ZIP	AUBURNDAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	SD Knapp, Martin V.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1505 Auburn Oaks Drive	
2.3 STREET ADDRESS	Auburn Dale, FL 33823	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	TD Johnson, William C.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	909 Van Drive	
5.3 STREET ADDRESS	Auburn Dale, FL 33823	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)