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PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$47479

(8)

J & K FAMILY ENTERPRISES, INC.

Mailing Address

FILED Jan 22 1998 8:00am Secretary of State



2013 BRENTWOOD DR 2013 BRENTWOOD DR AUBURNDALE FL 33823 AUBURNDALE FL 33823 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/22/1991 Principal Place of Business FEI Number Applied For 59-3057598 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 📈 Yes 🔲 No Personal Property Tax due June 30. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name MURPHY, RONALD T. 4740 CLEVELAND HEIGHTS BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE 1 LAKELAND FL 33807 City Zip Code 85 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 regulred when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1,1 TITLE TITLE Change Addition NAME WNEK, MICHAEL E. 1.2 NAME 526 HILLSIDE DR 1.3 STREET ADDRESS STREET ADDRESS AUBURNDALE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE Addition KNAPP, MARTIN V. NAME 22 NAME 1505 AUBURN OAKS DR STREET ADDRESS 2.3 STREET ADDRESS AUBURNDALE FL CITY-ST-ZIP 2. 4 City-ST-ZiP DELETE TITLE 3.1 TITLE Change ___ Addition JENNINGS, THOMAS G. 3.2 NAME NAME 410 ADAMS RD STREET ADDRESS 3.3 STREET ADDRESS AUBURNDALE FL CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE KNAPP. RANDALL L. NAME 4. 2 NAME 1510 NORTH LAKE MIRROR DRIVE, NW STREET ADDRESS 4.3 STREET ADDRESS WINTER HAVEN FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE JOHNSON, WILLIAM C. NAME 5.2 NAME 909 VAN DR 5.3 STREET ADDRESS STREET ADDRESS AUBURNDALE FL 5.4 CiTY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 of supplemental annual report is true and accurate and that may 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 epop as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of changed, or on an attachment with an address.

SIGNATURE:

1-9-98

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