

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 18, 2008 8:00 am**  
**Secretary of State**

07-18-2008 90015 046 \*\*\*150.00

**DOCUMENT # S77782**

1. Entity Name  
J.B.K. OF DUVAL COUNTY INCORPORATED



Principal Place of Business

257 ~~230~~ JONES RD.  
~~1400~~  
JACKSONVILLE, FL 32220

Mailing Address

905 PARK AVE. STE 102  
ORANGE PARK, FL 32073

60045131



07082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3128354

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BEARDSLEY, DALE A. JOHN H McCorvey Jr  
225 WATER ST. 1912 Hamilton St.  
SUITE 1400 SUITE 204  
JACKSONVILLE, FL ~~32202-5147~~  
32210

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: John H. McCorvey, Jr

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

(NOTE: Registered Agent signature required when reinstating)

7/15/08  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D  
NAME KITTRELL, JIMMY B.  
STREET ADDRESS ~~230~~ JONES RD., # 257  
CITY-ST-ZIP JACKSONVILLE, FL 32220

TITLE S  
NAME GRIFFIN, GALYNNA  
STREET ADDRESS ~~230~~ JONES ROAD, # 257  
CITY-ST-ZIP JACKSONVILLE, FL 32220

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/08 704 7869120  
Date Daytime Phone #