FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V06323** **(2)**

1. Corporation Name

JKR, INC.

Principal Place of Business	Mailing Address
2169 HEATH GREEN PLACE NORTH JACKSONVILLE FL 32246	2169 HEATH GREEN PLACE NORTH JACKSONVILLE FL 32246

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/14/1992**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21: 2589 PINERIDGE RD.
Suite, Apt. #, etc. 22:
City & State 23: JACKSONVILLE, FL
Zip 24: 32207 County 25: USA

2a. Mailing Address
26: 2589 PINERIDGE RD.
Suite, Apt. #, etc. 27:
City & State 28: JACKSONVILLE, FL
Zip 29: 32207 County 30: USA

4. FEI Number: **59-3101183** ☐ 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

REESE, JAMES K.
2169 HEATH GREEN PLACE NORTH
JACKSONVILLE FL 32246

10. Name and Address of New Registered Agent

81 Name: REESE, JAMES K.
82 Street Address (P.O. Box Number is Not Acceptable): 2589 PINERIDGE ROAD
83:
84 City: JACKSONVILLE, 85 FL Zip Code: 32207

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] PRESIDENT 4/27/95
(Signature, typed or printed name and title of person signing and date of application) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPV	11 TITLE	DP ☑ Change ☐ Addition
NAME	REESE, JAMES K.	12 NAME	REESE, JAMES K.
STREET ADDRESS	2169 HEATH GREEN PLACE N	13 STREET ADDRESS	2589 PINERIDGE RD.
CITY ST ZIP	JACKSONVILLE FL 32246	14 CITY ST ZIP	JACKSONVILLE, FL 32207
TITLE	ST	21 TITLE	ST ☑ Change ☐ Addition
NAME	REESE, JAMES K.	22 NAME	REESE, JAMES K.
STREET ADDRESS	2169 HEATH GREEN PLACE N	23 STREET ADDRESS	2589 PINERIDGE RD.
CITY ST ZIP	JACKSONVILLE FL 32246	24 CITY ST ZIP	JACKSONVILLE, FL 32207
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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] PRESIDENT 4/27/95 (904) 241-2515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0024478 CP