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PROFIT CORPORATION ANNUAL REPORT

199 7

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

FILED
May 07 1997 8:00am
Secretary of State

DOCUMENT # V06323 (2)

1. Corporation Name
JKR, INC.

[redacted]

Principal Place of Business	Mailing Address
2589 PINERIDGE ROAD LACKSONVILLE FL 32207 US	2589 PINERIDGE ROAD JACKSONVILLE FL 32207 US

3. Date Incorporated or Qualified: 01/14/1992
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 1865 NIGHTFALL DRIVE	26 1865 NIGHTFALL DRIVE
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 NEPTUNE BEACH, FL	City & State: 28 NEPTUNE BEACH, FL
Zip: 24 32266 Country: 25 US	Zip: 29 32266 Country: 30 US

4. FEI Number: 59-3101183 — Applied F / Not Appli
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. [illegible] ☐ — $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
2589 PINERIDGE ROAD
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name: JAMES K. REESE
82 Street Address: (P.O. Box Number is Not Acceptable) 1865 NIGHTFALL DRIVE
83
84 City: NEPTUNE BEACH FL 85 Zip Code: 32266

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 [illegible] Florida Statutes.

SIGNATURE: [signature] DATE: 4/29/97
Signature, type or print name of registered agent, and title if applicable. (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS OR CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DP	☐ DELETE	1.1 TITLE	JAMES K. REESE (DP) ☑ Change ☐ Add
NAME	REESE, JAMES K		1.2 NAME	
STREET ADDRESS	2589 PINERIDGE ROAD		1.3 STREET ADDRESS	1865 NIGHTFALL DRIVE
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	NEPTUNE BEACH, FL 32266
TITLE	ST	☐ DELETE	2.1 TITLE	(ST) ☑ Change ☐ Add
NAME	REESE, JAMES K		2.2 NAME	JAMES K. REESE
STREET ADDRESS	2589 PINERIDGE ROAD		2.3 STREET ADDRESS	1865 NIGHTFALL DRIVE
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	NEPTUNE BEACH, FL 32266
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Add
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Add
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Add
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Add
NAME			6.2 NAME	400002181204
STREET ADDRESS			6.3 STREET ADDRESS	-05/16/97--01046--006
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***165.00

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] 4/29/97 904-246-9071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number