* FILE NOW. FILING FEE AFTER MAY 1 IS $225.00 *

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

H. K. Products, ~~Incorporated~~ INC.

DOCUMENT # V23197

500001519065
-06/21/95--01037--003
DO NOT WRITE ABOVE THIS LINE ****200.00 ****200.00

Mailing Address

406 Farmers Market Road
Ft. Pierce, FL 34982

Principal Place of Business

If above addresses are incorrect in any way, line through incorrect information and enter correction below

3. Date Incorporated or Qualified | 3a. Date of Last Report

2. Mailing Address (21) | 2a. Principal Place of Business (26)

Suite, Apt #, etc (22) | Suite, Apt #, etc (27)

City & State (23) | City & State (28)

Zip (24) | Country (25) | Zip (29) | Country (30)

4. FEI Number 65-0322557 | Applied For ☐ | Not Applicable ☐

5. Certificate of Status Desired $8.75 ☐

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Horst L. Krause
406 Farmers Market Road
Ft. Pierce, FL 34982

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL | 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	President	11 TITLE	President/Secretary/Treasurer
12 NAME	Horst L. Krause	12 NAME	Horst L. Krause
13 STREET ADDRESS	8605 South Indian River Drive	13 STREET ADDRESS	8605 South Indian River Drive
14 CITY-ST-ZIP	Ft. Pierce, FL 34982	14 CITY-ST-ZIP	Ft. Pierce, FL 34982
21 TITLE	Secretary/Treasurer	21 TITLE	
22 NAME	H. Richard Becker	22 NAME	
23 STREET ADDRESS	7716 Wexford Way	23 STREET ADDRESS	
24 CITY-ST-ZIP	Port St. Lucie, FL 34986	24 CITY-ST-ZIP	
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY-ST-ZIP		34 CITY-ST-ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 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 understand that the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Horst Krause 4/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date