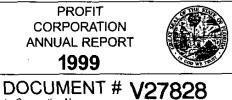
1999

1. Corporation Name K & C SALES, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90042 022 ***150.00

Principal Place of Business Mailing Address 9097 MERRIMORE BLVD. 9097 MERRIMORE BLVD. LARGO FL: 34642x LARGO FL SHEW DO NOT WRITE IN THIS SPACE 33777 33777 3. Date Incorporated or Qualifed 04/10/1992 4. FEI Number Applied For Principal Place of Business 2a. Mailing Address 59-3121739 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired П Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing П Added to Fees 28 Trust Fund Contribution 23 Country Zip Country Zip This corporation owes the current year Intangible 25 30 Personal Property Tax. 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MARQUDIS, MARGARET ANN Street Address (P.O. Box Number is Not Acceptable) 82 9097 MERRIMORE BLVD. LARGO FL 34647k 33777 83 84 City Zip Code 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change Addition DELETE 11 TITLE TITLE MAROUDIS, MARGARET ANN 1.2 NAME NAME 9097 MERRIMORE BLVD. 1.3 STREET ADDRESS STREET ADDRESS LARGO FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition □ DELETE Change 2.1 TITLE TITLE MAROUDIS, CRAIG P. 22 NAME NAME 9097 MERRIMORE BLVD. 2.3 STREET ADDRESS STREET ADDRESS LARGO FL 2.4 CITY-ST-ZIP City-ST-ZIP Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS TATCITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition 5,1 TITLÉ TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 6.1 TITLE Change □ DFI FTE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS RACITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filing 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, with all other like empowered.

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CR2E034 (11/98)