

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90067 036 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 499198

1. Corporation Name
KAKYJOHN, INC.



Principal Place of Business 8232 FISHHAWK AVENUE NEW PORT RICHEY FL 34653	Mailing Address 8232 FISHHAWK AVENUE NEW PORT RICHEY FL 34653
---	---

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 03/11/1976		4. FEI Number 59-1652788	Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 2415 Grand Blvd Suite, Apt. #, etc.	2a. Mailing Address 26 1420 17th St. SE Apt 313 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 NEW PORT Holiday, FL City & State	27 Auburn WA City & State	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 34690 USA Zip Country	28 98005 USA Zip Country	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FRENETTE, JOHN R. 8232 FISHHAWK AVE. NEW PORT RICHEY FL 34653 727-571-4111		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1420 17th St. SE Apt 313 83 Auburn WA 84 City 85 FL Zip Code 98005	
---	--	---	--

11. Pursuant to the provisions of Sections 607.05(1) 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: *John R. Frenette* (DATE) **4/30/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME FRENETTE, JOHN R.		1.2 NAME 1420 17th St. SE Apt 313	
STREET ADDRESS 8232 FISHHAWK AVE.		1.3 STREET ADDRESS Auburn, WA 98005	
CITY-ST-ZIP NEW PORT RICHEY FL		1.4 CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME FRENETTE, KATHY		2.2 NAME 1420 17th St. SE Apt 313	
STREET ADDRESS 8232 FISHHAWK AVE.		2.3 STREET ADDRESS Auburn, WA 98005	
CITY-ST-ZIP NEW PORT RICHEY FL		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE: *Katherine Frenette* (DATE) **4/30/99** Daytime Phone **253-735-3453**

CR2E034 (1/198)