

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90047 008 ***150.00

0038643

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H16036

1. Corporation Name
L. K. ERECTORS, INC.

Principal Place of Business 1352 ELMAR ROAD JACKSONVILLE FL 32218	Mailing Address 1352 ELMAR ROAD JACKSONVILLE FL 32218
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2058 New Berlin Rd Suite, Apt. #, etc	2a. Mailing Address 26 2058 New Berlin Rd Suite, Apt. #, etc
22 City & State 23 Jacksonville FL Zip Country 24 32218 25 Duval	27 City & State 28 Jacksonville FL Zip Country 29 32218 30 Duval

3. Date Incorporated or Qualified 08/10/1984	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2463759	\$8.75 Additional Fee Required
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DEAS, WILLIAM J., ESQ.
2215 RIVER BOULEVARD
JACKSONVILLE FL 32204

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, 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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, LINDA M.	1.2 NAME	Kelly, Linda M.
STREET ADDRESS	1352 ELMAR RD.	1.3 STREET ADDRESS	2058 New Berlin Rd
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32218
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, JAMES T.	2.2 NAME	Kelly, James T.
STREET ADDRESS	1352 ELMAR RD.	2.3 STREET ADDRESS	2058 New Berlin Rd
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32218
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 1307, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, (1) on an attachment with an address, with all other like empowered.

SIGNATURE: Linda M. Kelly - Linda M. Kelly 4-23-99 904-751-3201
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)