## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 24, 2000 8:00 am Secretary of State DOCUMENT # P94000054332 1. Entity Name TKM, INC. 04-24-2000 90094 031 \*\*\*150.00 Principal Place of Business Mailing Address 1 KING STREET 961 LEW BLVD ST. AUGUSTINE FL 32084 ST. AUGUSTINE FL 32084-5462 2. Principal Place of Business 31 3. Mailing Address, 96 l Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-3259534 AUGUSTINB FL Not Applicable Country **\$8.75** Additional 5. Certificate of Status Desired 3**2**081 32084 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MORTON THOMAS EAKIN, PAUL M Street Address (P.O. Box Number is Not Acceptable) 599 ATLANTIC BLVD. STE. 4 ATLANTIC BEACH FL 32233 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida $\{x_i \in B_{k-1}\}'$ SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) X Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition ☐ Delete TITLE TITLE MORTON, WILLIAM K NAME STREET ADDRESS 2 VIEJO STREET CITY-ST-ZIP ST. AUGUSTINE FL 32084 ☐ Change ☐ Addition Delete TITLE MORTON, THOMAS K NAME STREET ADDRESS 961 LEW BOULEVARD CITY-ST-ZIP ST. AUGUSTINE FL 32084 Change ☐ Addition ☐ Delete TITLE NAME

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITL F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00 (904)8Z9 9Z0J

Daytime Phone #