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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # G20380

| MICHAEL | . KNOTT RESIDENTIAL CON | ITRACTORS, INC |). | | | | | | |
|---|--|------------------------|----------------------|---------------|---|---|----------------------------|-----------------------------|----------|
| Principal Plac | e of Business | Mailing Address | | | | - | BIBII AIBII EIEII | SIDIS EIEII SOUS | |
| 420 KENILWORTH BLVD. POST OFFICE BOX 1438 SEBRING FL 33870 SEBRING FL 33871-1438 US | | | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed | | | |
| | | | | | | 01/26/1983 | | | |
| Principal Place of Business 2a. Mailing Address | | | | _ | | 4. FEI Number | | Applied For | 1 |
| 21 | 26 | | | | | 59-2249545 | | Not Applicable |] |
| Suite, Apt. | uite, Apt. #, etc. Suite, Apt. #, etc. | | | | | -5Certificate of Status Desired | | Additional | <u>_</u> |
| 2 | 77 | | | | | E-A-Cermcate Di Status Deall ed | Fee | Required | |
| City & Stat | te | City & State | | | | 6. Election Campaign Financing Trust Fund Contribution | | May Be to Fees | |
| Zip | Country 25 | Zip | 30 | intry | | This corporation owes the current year! Personal Property Tax. | ntangible ∐Yes | □Nô | |
| ••• | 9. Name and Address of Current | | | T | | 10. Name and Address of New Registere | d Agent | | 1 |
| | | | | 81 | Name | | | | |
| MCCOLLUM, JAMES F. 129 SOUTH COMMERCE AVE. | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | | | |
| | RING FL 33870 | | ٠ | 83 | | | | | |
| | | | | 84 | City | F | 85 Zi | Code | |
| office or i | to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligat | of Florida, Such chanc | ia was authorize | יעמות | ine corporatio | oration submits this statement for the purpose on's board of directors. I hereby accept the app | of changing ointment as | ts registered registered | |
| SIGNATURE | | | ANOTE D. N. | | t signature required | when reinstating) DATE | | - | ١, |
| 12. | Signature, typed or printed name of registered agen OFFICERS AN | D DIRECTORS | (NOTE: Registere | Agen | r siðuarnie redniren | ADDITIONS/CHANGES TO OFFICERS A | AND DIREC | TORS IN 12 | 8 |
| TITLE | P | DE | | ITLE | | | Chang | | 13 |
| NAME | KNOTT, MICHAEL W. | 1.2 NAI 1.3 STF | | | | | | | ; |
| STREET ADDRESS | 1717 HYACINTH AVENUE | | | | ADDRESS | | | | Ì |
| CITY-ST-ZIP | SEBRING FL | 1.4 CIT | | | r-ZIP | | | |] 8 |
| ΠLE | VST | ☐ DELETE 2.1 m | | | | | ☐ Chang | e | ١ (|
| NAME | KNOTT, JOYCE E | | 2.2 N | AME | | | | | |
| STREET ADDRESS | 1717 HYACINTH AVENUE | | | TREET | ADDRESS | | | | _ |
| CITY-ST-ZIP | | | | πŝ | T-ZIP | | | | 1 |
| TITLE | VP · | | | TLE | | | Chang | e | |
| NAME | KIMMEL, JAMES | | 3.2 h | AME | | | | | |
| STREET ADDRESS | 201 LAKESIDE ROAD | | 3.3 9 | TREET | ADDRESS | | | | |
| CITY-ST-ZIP | SEBRING FL 33870 | | | ITY-S | T-ZIP | | | | - |
| TITLE | | | LETE 4.1 T | TLE | | | Chang | e | |
| NAME | } | | 4.21 | AME | 1 | | | | |
| STREET ADDRESS | ; | | 4.3 \$ | TREET | ADORESS | | , | | |
| CITY-ST-ZIP | | | | ITY-S | r-ZIP | | | | - |
| TITLE | | | LETE 5.11 | ШE | Ì | | ☐ Chang | e 🔲 Addition | 1 |
| | | | | | I | | | | |
| NAME | | | 5.2 M | AME | | | ··-··a | | |
| NAME STREET ADDRESS | | | 5.2 h 5.3 S | IAME TREET | ADDRESS | | | | |
| | | | 52 N 53 S 54 C | TREET | | | | | |
| STREET ADDRESS | | | 5.2 h 5.3 S | TREET | | | Chang | | - |

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

941-385-1106

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90301 014 ***150.00