3/14/99 6:52 PM FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 Apr 02, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT 1999 Secretary of State 04-02-1999 90025 003 ***150.00 DIVISION OF CORPORATIONS **DOCUMENT # P97000002399** 1. Corporation Name KNIGHT SUPPLY OF ARCADIA INC 8 4 7 10 284709 - 90025 - 3 Principal Place of Business Mailing Address P O BOX 3024 3885 HIGHWAY 17 N E 3. Date Incorporated or Qualified | 3a. Date of Last Report MARCH 1998 01/06/97 ARCADIA FL 3382103024 ARCADIA FL 34265 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0715545 Not Applicable 26 2100 SOUTH TAMIAMI TRAIL \$8.75 Additional Suite, Apt. #, etc. Suite, Apt, #, etc. 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing City & State 28 SARASOTA FI Trust Fund Contribution . . . Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Country Florida Statutes X Yes No 30 SARASOTA 25 DESOTO **29** 34239-3803 **24** 34265-6024 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name EUGENE M KNIGHT Street Address (P.O. Box Number is Not Acceptable) 82 3885 HIGHWAY 17 NORTH EAST 83 ARCADIA FL 34265 Zip Code 84 City 85 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. Eugene M. Knight Pres.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Degistered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. (96/6) X Change Addition DELETE 1.1 TITLE TITLE 1.2 NAME NAME EUGENE M KNIGHT CR2E034 1.3 STREET ADDRESS STREET ADDRESS 3885 HIGHWAY 17 NORTH EAST ARC<u>ADIA</u> FL 34265-6024 1.4 CITY - ST - ZIP CITY - ST - ZIP ARCADIA FL 34265 2.1 TITLE TITLE DELETE Change Addition 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 24 CITY - ST - ZIP CITY - ST - ZIP 3.1 TITLE Change TITLE Addition DELETE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY - ST - ZIF 4.1 TITLE TITLE DELETE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIF CITY - ST - ZIP 5.1 TITLE TITLE Addition DELETE Change NAME 5.3 STREET ADDRESS

14. I do 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.

DELETE

SIGNATURE:

494-0633 EUGENE M KNIGHT, PRESIDENT 3-2**9-49** (941) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Change

Addition

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY - ST - ZIP

TITLE

NAME