

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 3-5-96

B-1841-C

DOCUMENT # 233995

(0)

1. Corporation Name

K & N RANCH, INCORPORATED

Principal Place of Business

Mailing Address

HWY 73 B. RT 1 BOX 333
ALTHA FL 32421

HWY 73 B. RT 1 BOX 333
ALTHA FL 32421



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, KENNETH P
7986 11 AVE. SO.
ST PETERSBURG FL 33707

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME WILLIAMS, KENNETH P

1.2 NAME

STREET ADDRESS 7986 11 AVE SO

1.3 STREET ADDRESS

CITY-STATE-ZIP ST PETERSBURG FL

1.4 CITY-STATE-ZIP

TITLE ST ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME WILLIAMS, NELL F.

2.2 NAME

STREET ADDRESS 7986 11 AVE SO

2.3 STREET ADDRESS

CITY-STATE-ZIP ST PETERSBURG FL

2.4 CITY-STATE-ZIP

TITLE VP ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME STARKS, KATHRYN A.

3.2 NAME

STREET ADDRESS 501-116TH AVE NO

3.3 STREET ADDRESS

CITY-STATE-ZIP ST PETERSBURG FL

3.4 CITY-STATE-ZIP

TITLE VP ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME CUNNINGHAM, KIMBERLY A.

4.2 NAME

STREET ADDRESS 10711-59TH AVE NO

4.3 STREET ADDRESS

CITY-STATE-ZIP SEMINOLE FL

4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-STATE-ZIP

5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-STATE-ZIP

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Nell F. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-96

Date

(904) 762-8263

Daytime Phone

CR2E034 (12/95)