

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 233995 (0)

1. Corporation Name
K & N RANCH, INCORPORATED

Principal Place of Business

HWY 73 B. RT-1 BOX-885
ALTA FL 32421

Mailing Address

HWY 73 B. RT-1 BOX-333
ALTA FL 32421



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26 Route 3, Box 333
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 Altha, FL
24 Zip	29 42421
25 Country	30 Country

3. Date Incorporated or Qualified	Applied For
03/03/1960	Not Applicable
4. FEI Number	59-0968395
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL 32421
83	
84 City	
Altha	

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD NAME WILLIAMS, KENNETH P STREET ADDRESS 7986 11 AVE SO CITY-ST-ZIP ST PETERSBURG FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS White Pond Circle - RT 3, Box 333 1.4 CITY-ST-ZIP Altha, FL 32421
TITLE ST NAME WILLIAMS, NELL F. STREET ADDRESS 7986 11 AVE SO CITY-ST-ZIP ST PETERSBURG FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS White Pond Circle - RT 3, Box 333 2.4 CITY-ST-ZIP Altha, FL 32421
TITLE VP NAME STARKS, KATHRYN A. STREET ADDRESS 501-116TH AVE NO CITY-ST-ZIP ST PETERSBURG FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 16205 W. 126th Terrace 3.4 CITY-ST-ZIP Olathe, KS 66062
TITLE VP NAME CUNNINGHAM, KIMBERLY A. STREET ADDRESS 10711-59TH AVE NO CITY-ST-ZIP SEMINOLE FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 10711-59th Avenue North 4.4 CITY-ST-ZIP Seminole, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kenneth P. Williams 4-22-98 (850) 762-8263

CP2E034 (10/97)