

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 247810 (5)

1. Corporation Name

K-3 CORPORATION

Principal Place of Business

KNAPP AND SONS, INC.
12604 NEBRASKA AVENUE
TAMPA FL 33612

Mailing Address

KNAPP AND SONS, INC.
12604 NEBRASKA AVENUE
TAMPA FL 33612



2. Principal Place of Business

21 2401 VANDERVOORT RD
Suite, Apt. #, etc.

2a. Mailing Address

26 2401 VANDERVOORT RD
Suite, Apt. #, etc.

22 City & State

23 LUTZ FLA

27 City & State

28 LUTZ FLA

24 33549

Country

25 HAWAII

Zip

29 33549

Country

30 HAWAII

9. Name and Address of Current Registered Agent

Received
KNAPP, ROY A
2401 VANDERVOORT ROAD
LUTZ, FLORIDA
33549

3. Date Incorporated or Qualified

05/25/1961

3a. Date of Last Report

04/17/1995

4. FEI Number

59-0948203

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

NORMAN F KNAPP

82 Street Address (P.O. Box Number is Not Acceptable)

311 HOFFMAN BLVD

83

84 City

Tampa

FL

85 Zip Code

33612

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 Norman F Knapp

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

(If filer is Registered Agent, signature required when appointing)

5-30-96

12. OFFICERS AND DIRECTORS

TITLE	PD - Received	☐ DELETE
NAME	KNAPP, ROY A	
STREET ADDRESS	2401 VANDERVOORT ROAD	
CITY - ST - ZIP	LUTZ FL	3/29/95
TITLE	D	☐ DELETE
NAME	SMITH, MARY LOWRY	
STREET ADDRESS	5020 BAY SHORE BLVD., #205	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	☒ DELETE
NAME	KNAPP, NORMAN F	
STREET ADDRESS	311 HOFFMAN BLVD.	
CITY - ST - ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	KNAPP, NORMAN F	
1.4 CITY - ST - ZIP	311 HOFFMAN BLVD	☐ Change ☐ Addition
2.1 TITLE		
2.2 NAME	Tampa FL 33612	
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - 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: Norman F Knapp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-30-96

Date

8350353

Online Filing

CR2E034 (12/95)