

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 # 247812 (1)

1. Corporation Name

KNAPP AND SONS, INC.

12604 NEBRASKA AVE
TAMPA FL 33612

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TAMPA FL 33612



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 2401 Vandervort Rd		26 2401 Vandervort Rd		05/25/1961		04/17/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-0939826		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Lutz FLA		28 Lutz, FLA.		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		8. This corporation has liability for intangible tax under s. 193.032.		Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 33549		25 Hillsboro		29 33549		30 Hillsboro	

9. Name and Address of Current Registered Agent

NORMAN F KNAPP
311 E HOFFMAN BLVD
TAMPA, FL
33612

10. Name and Address of New Registered Agent

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: Norman F Knapp

Signature: typed or printed name of registered agent if applicable

NOTE: Registered Agent's signature required when reinstating

DATE

5-30-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	KNAPP, NORMAN F	1.2 NAME	
STREET ADDRESS	311 E HOFFMAN BLVD	1.3 STREET ADDRESS	
CITY-STATE-ZIP	TAMPA, FLORIDA 00000 33612	1.4 CITY-STATE-ZIP	
TITLE	STD	2.1 TITLE	STD
NAME	KNAPP, LENORA JANE	2.2 NAME	Knapp, Lenora Jane
STREET ADDRESS	2401 VANDERVORT RD vandervort	2.3 STREET ADDRESS	2401 Vandervort Rd
CITY-STATE-ZIP	LUTZ, FLORIDA 00000 33549	2.4 CITY-STATE-ZIP	Lutz, FLA. 33549
TITLE	STD	3.1 TITLE	
NAME	KNAPP, ROY A	3.2 NAME	
STREET ADDRESS	2401 VANDERVORT ROAD	3.3 STREET ADDRESS	Deceased 3/29/96
CITY-STATE-ZIP	LUTZ, FLORIDA 00000	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
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: Norman F. Knapp 5-30-96-9350353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)