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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthami Secretary of State

1006

1996 DIVISION OF CORPORA									
DOCUMENT # 276705 (1)						TALL			
S.N. KN	IIGHT & SONS, INC.								
									HADI ANAM AAA
Principal Place	of Business	Mailing Address							
205 S.W. 1ST STREET		205 S.W. 1ST STREET							
BELLE GLADE FL 33430		BELLE GLADE FL 33430							
						3. Date Incorporated or Qualified	3a. Dat	e of Last Re	aport
		···				12/19/1963	<u> </u>	2/15/199	
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number		<u> </u>	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc				59-1195657	_/	<u>L.</u>	Additional
22		27				5. Certificate of Status Desired	W		Required
City & State		City & State				6. Election Campaign Financing			0 мау Ве
23 Zip	Country	28	Count	'n		Trust Fund Contribution 8. This corporation has liability for i			d to Fees
24	25	29	30	. · y			ntangibie t □No	ax under 5	133.002,
	9. Name and Address of Current	Registered Agent				10. Name and Address of New R	egistered	Agent	
			8	H N.	ante				
NOWICKI, MARK J.			Ē	12 Si	reet Addre	ss (P.O. Box Number is Not Acceptab	le)		
	S HIGHWAY ONE		83						
Suite 302 Juno Beach Fl 33408				1		· · · · · · · · · · · · · · · · · · ·			
JUNU DO	AUN FL 33400		E	34 Ci	ty		· FL	_ 65 Zış	p Code
11. Pursuant to	o the provisions of Sections 607 0502 ed agent, or both, in the State of Florid	and 607.1508. Florida Statute	s, the above	e nam	ed corpora	ition submits this statement for the pur	pose of ch	anging its r	egistered office
familiar wit	h, and accept the obligations of, Section	ar 8604 ohange was admonze on 607,0505, Florida Statutes.	euroy une co	n Eren sta	KNT & EXCHIC	ror unectors. Thereby accept the appr	on in rent an	s redistered	agent rain
SIGNATURE _				4.					
12.	Signature, typest or printed harve of registere Lagrid a OF HOFRS AN!		13.	Jr=1 S-J —	erterte sterije is est	ADDITIONS/CHANGES TO OFF	DATE ICERS AN	DIRECTO	RS IN 12
TITLE	P	DELETE 1.1						☐ Change	☐ Addition
NAME	KNIGHT, S.N. J		1.2 NAM	ίί	ŀ				
STREET ADDRESS	205 S.W. 1ST STREET		13 STR	eet abo	RESS				
CITY-ST-ZIP	CONTROL FIG			- ST - ZII) 			Change	C Add Sec.
TITLE	V	☐ DETEIR	2 1 117					Change	Add:tion
NAME STREET ADDRESS	Williams, Steven L 205 S.W. 1st Street		2.2 NAME 2.3 STREE		RESS				
CITY-ST-ZIP	BELLE GLADE FL		24 011		1				
TITLE	V	DELETE 31						Change	☐ Addition
NAME	HOPPER, CHRISTOPHER C		3 2 NAN	¶.					
STREET ADDRESS	205 S.W. 1ST STREET		33 STE	GEL ADS	RESS				
CITY - SJ - ZIP	BELLE GLADE FL	DELETE		(-S1-2)				Change	☐ Addition
TITLE	S NODOE OUEDVILL		4 1 1/1					Griangs	L_} Addition
NAME STREET ADDRESS	Hodge, Sheryl K 205 S.W. 1st Street		4 2 NAN	iic Eet add	DESS.				
Crty-St-Zip	BELLE GLADE FL			r+\$1-21	1				
TITLE	T	[] DELETE	5 1 [1]					☐ Change	☐ Addit-on
NAME	KNIGHT, STEPHEN A		52 NAM	AE					
STREET ADDRESS	205 S.W. 1ST STREET		53518	FE! ADD	RESS				
CITY-ST-ZIP	BELLE GLADE FL	Fil he ere		- S1 - ZI	o 			Charre	[] kda-:
TITLE		☐ DEFEIE	6 1 111					☐ Change	☐ Addition
NAME STREET ADORESS			62 NAN	AR EFLADO	gess				
CITY - ST - ZIP				r - Sf - Z I					
	v certify that the information supplied v	vita this filma is voluntably fum				ir the exemption stated in Section 119	07(3)(k), F	onda Statu	tes. I further

riou nereby certify that the information supplied with this is yountarily turnished 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 are integer 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 copying by 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 for direct although with an address.

SIGNATURE:

Steven L. Williams signature and typed or printed name of signing officer or director

04/29/96

407-996-6262

CR2E034 (12/95)