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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 585031 1. Corporation Name

C.F. KNIGHT, INC.

		-						
Principal Place of Business Mailing Address						1 100(6) Silet leist eine seine just uns eine eine		,, 2121(1 42)
4230 ORTEGA BLVD 4230 ORTEGA BLVD								
JACKSONVILLE FL 32210 JACKSONVILLE FL 32210						DO NOT WRITE IN THIS SPACE	~E	
						3. Date Incorporated or Qualifed		
								-
						08/31/1978 4. FEI Number	Ann	lied For
2. Principal Place of Business		2a. Mailing Address				1		Applicable
21		26				59-1857711	3.75 Ac	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					Fee Req	
22		27						
City & State	· ·	City & State				1 9 1	5.00 M Added to	·
23		28	Cauata			110011 2112 0 1111111111111111111111111		1 003
Zip	Country	Zip	` —			8. This corporation owes the current year Intangible Personal Property Tax.		
24	25 29 30		0]	10. Name and Address of New Registered Agent				
	9. Name and Address of Current	Registered Agent	81	Nar	ne .	10. Name and Address of Non-registeres Age.	<u> </u>	
KNIG	LIT CINI EV ID		ان"		-			
KNIGHT, FINLEY JR			82	Stre	et Addre	ess (P.O. Box Number is Not Acceptable)		
4230 ORTEGA BLVD JACKONVILLE FL 32233				4				
JACK	UNVILLE FL 32233		83	3				
			84	City	,	85	Zip Ci	ode
ļ				'		FL °°		
l office or r	egistered agent, or both, in the State on the State of the state of the obligation of the state of the obligation of the state of the s	of Florida, Such change was auti ions of, Section 607.0505, Florid	nonzed by la Statute:	y the Ca	огрогацог	oration submits this statement for the purpose of changes board of directors. I hereby accept the appointment when reinstating) DATE	nt as reg	istered :
42	Signature, typed or printed name of registered agent		13.	- Olgina	310 1044-104	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTOF	RS IN 12
12.	PD	DELETE 1.17		_			Change	Addition
	KNIGHT, C. FINLEY JR.	- -		1.2 NAME				
NAME	4230 ORTEGA BLVD			1.3 STREET ADDRESS				
STREET ADDRESS								
CITY-ST-ZIP			1.4 CITY-ST-ZIP 2.1 TITLE			n i	Change	☐ Addition
TITLE		C bereie						
NAME	MCANENY, LEONARD C.		2.2 NAME					
STREET ADDRESS	1200 01112-0112-12			2.3 STREET ADDRESS				
CITY-ST-ZIP .	JACKSONVILLE FL			ST-ZIP	$+\!-$		Change	☐ Addition
TITLE	V	☐ DELETE	3.1 TITLE			٦,	Juange	
NAME	BARBERA, VINCENT		3.2 NAME					
STREET ADDRESS	4230 ORTEGA BLVD		3.3 STREI	ET ADDRI	ess			
CITY-ST-ZIP	JACKSONVILLE FL	Mark	3.4. CITY-		\perp		<u></u>	
TITLE		☐ DELETE	4.1 TITLE		-		Change	☐ Addition
NAME			4. 2 NAME	•				
STREET ADDRESS			4.3 STREE	ET ADDRI	ESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	1			
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAME		İ			
ſ			5.3 STRE	ETADDR	ESS			
STREET ADDRESS	}		5.4 CITY		1			

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 of 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 of 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

904)387-6148

Change

☐ Addition

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90085 028 ***150.00