

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 834782 (5)

1. Corporation Name

KNOX KERSHAW, INC.



Principal Place of Business

Mailing Address

P. O. BOX 4100
MONTGOMERY AL 36103

P. O. BOX 4100
MONTGOMERY AL 36103

3. Date Incorporated or Qualified

08/01/1975

3a. Date of Last Report

01/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc

Suite, Apt #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

63-0251478

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 ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature type for printed name of registered agent and the filer (applicable)

(NOTE: Registered Agent's signature required when renewal filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME P
STREET ADDRESS KERSHAW, JOHN K
CITY-ST-ZIP 4501 TAYLOR ROAD
MONTGOMERY AL

11 TITLE ☒ Change ☐ Addition
12 NAME m
Kershaw, John K
13 STREET ADDRESS 4501 TAYLOR RD
14 CITY-ST-ZIP montgomery AL 36116

TITLE ☐ DELETE
NAME VP
STREET ADDRESS MOORE, MILLARD C.
CITY-ST-ZIP 3062 MERRIMAC DRIVE
MONTGOMERY AL

21 TITLE ☒ Change ☐ Addition
22 NAME 5/T
23 STREET ADDRESS moore, millard c.
24 CITY-ST-ZIP 3062 MERRIMAC DR.
montgomery AL 36111

TITLE ☐ DELETE
NAME P
STREET ADDRESS WACHS, C. DAVID
CITY-ST-ZIP 2160 MERRY CREEK BL
MONTGOMERY AL 36117

31 TITLE ☐ Change ☒ Addition
32 NAME P
33 STREET ADDRESS WACHS, C. DAVID
34 CITY-ST-ZIP 2160 MERRY CREEK BL
montgomery AL 36117

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. DAVID WACHS

6/6/96

334 262 0851

Original Filing #

CR2E034 (3/96)