

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F94000000790 (5)

1. Corporation Name
KBH, INCORPORATED

Principal Place of Business
4823 S. ATLANTIC AVE.
NEW SMYRNA BEACH FL 32169

Mailing Address
4823 S. ATLANTIC AVE.
NEW SMYRNA BEACH FL 32169



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3930 S. Nova Rd.		2a. Mailing Address 25 3930 S. Nova Rd.		3. Date Incorporated or Qualified 02/17/1994	
22 Suite, Apt. #, etc. Suite #304		27 Suite, Apt. #, etc. Suite #304		4. FEI Number 62-1108061	
23 City & State Port Orange, Fl.		28 City & State Port Orange, Fl.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 32127		29 Zip 32127		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country Volusia		Country Volusia		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent HOGWOOD, BEAUTON M 4823 S. ATLANTIC AVE. NEW SMYRNA BEACH FL 32169				10. Name and Address of New Registered Agent			
81 Name Hogwood, Beauton M.				82 Street Address (P.O. Box Number is Not Acceptable) 1901 Baytree Court			
83				84 City Port Orange			
				85 Zip Code FL 32124			

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 Beauton M. Hogwood *Beauton M. Hogwood* 4/20/98
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PC	<input type="checkbox"/> DELETE		1.1 TITLE	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOGWOOD, KEN C			1.2 NAME	Hogwood, Ken C.		
STREET ADDRESS	4823 S. ATLANTIC AVE.			1.3 STREET ADDRESS	1901 Baytree Court		
CITY-ST-ZIP	NEW SMYRNA BEACH FL			1.4 CITY-ST-ZIP	Port Orange, Fl. 32124		
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOGWOOD, BEAUTON M			2.2 NAME	Hogwood, Beauton M.		
STREET ADDRESS	4823 S. ATLANTIC AVE.			2.3 STREET ADDRESS	1901 Baytree Court		
CITY-ST-ZIP	NEW SMYRNA BEACH FL			2.4 CITY-ST-ZIP	Port Orange, Fl. 32124		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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 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 to this address.

SIGNATURE *Beauton M. Hogwood* 4-20-98 (904) 761-2466

CR2E034 (10/97)