

FILE NOW: FILING FEE AFTER MAY 1 IS \$550

FILED
Apr 10 1997 8:00am
Secretary of State

**PROFIT CORPORATION
 ANNUAL REPORT
 1997**



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

DOCUMENT # F94000006351 (0)

1. Corporation Name
K B CONSULTING, INC. OF NEVADA



Principal Place of Business
**1451 OAKMONT PLACE
 NICEVILLE FL 32578**

Mailing Address
**1451 OAKMONT PLACE
 NICEVILLE FL 32578-4314**

3. Date Incorporated or Qualified
12/13/1994

3a. Date of Last Report
04/11/1996

4. FEI Number
59-3241706

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. City

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. City

9. Name and Address of Current Registered Agent

**SMITH, DOUGLAS S
 1451 OAKMONT PLACE
 NICEVILLE FL 32578**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

11. Pursuant to the provisions of Sections 607.0532 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

(Type name, typed or printed name of registered agent and filer, if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS			1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	<input type="checkbox"/> DELETE	1.1.E	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, KAREN B.		1.2.E		
STREET ADDRESS	1451 OAKMONT PLACE		1.3.E STREET ADDRESS		
CITY, ST, ZIP	NICEVILLE FL		1.4.E ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	ST	<input type="checkbox"/> DELETE	2.1.E		
NAME	SMITH, DOUGLAS S		2.2.E		
STREET ADDRESS	1451 OAKMONT PLACE		2.3.E STREET ADDRESS		
CITY, ST, ZIP	NICEVILLE FL 32578		2.4.E ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	3.1.E		
NAME			3.2.E		
STREET ADDRESS			3.3.E STREET ADDRESS		
CITY, ST, ZIP			3.4.E ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	4.1.E		
NAME			4.2.E		
STREET ADDRESS			4.3.E STREET ADDRESS		
CITY, ST, ZIP			4.4.E ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	5.1.E		
NAME			5.2.E		
STREET ADDRESS			5.3.E STREET ADDRESS		
CITY, ST, ZIP			5.4.E ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	6.1.E		
NAME			6.2.E		
STREET ADDRESS			6.3.E STREET ADDRESS		
CITY, ST, ZIP			6.4.E ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

14. I do 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 with an address.

SIGNATURE: *Karen B. Smith* **4/april/97** **904 897-6613**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #