

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999

DOCUMENT # F96000003863

1. Corporation Name

K-FEEDERS ENTERPRISES, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 SEP 29 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

PO BOX 1805
EAST GREENWICH RI 02818

Mailing Address

PO BOX 1805
EAST GREENWICH RI 02818

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/30/1996

4. FEI Number

05-0366315

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 owes the current year
Intangible Personal Property



Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

BLASBALG, PAUL
10-C STRATFORD DR. EAST
BOYNTON BEACH FL 33436

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 typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

8/27/99

12. OFFICERS AND DIRECTORS

11.1 TITLE

NAME BLASBALG, LARRY

STREET ADDRESS 1485 SOUTH COUNTY TRAIL
CITY-STATE-ZIP EAST GREENWICH RI 02818

11.2 TITLE

NAME BLASBALG, PAUL

STREET ADDRESS 1485 SOUTH COUNTY TRAIL
CITY-STATE-ZIP EAST GREENWICH RI 02818

11.3 TITLE

NAME BLASBALG, JORAN

STREET ADDRESS 1485 SOUTH COUNTY TRAIL
CITY-STATE-ZIP EAST GREENWICH RI 02818

11.4 TITLE

NAME

STREET ADDRESS
CITY-STATE-ZIP

11.5 TITLE

NAME

STREET ADDRESS
CITY-STATE-ZIP

11.6 TITLE

NAME

STREET ADDRESS
CITY-STATE-ZIP

13.

11.1 TITLE

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DIRECTOR ☒ Change ☐ Addition

LARRY BLASBALG

P.O. BOX 7

NARRAGANSETT RI 02882

PRESIDENT / DIRECTOR ☒ Change ☐ Addition

PAUL BLASBALG

1485 SO. COUNTY TRAIL

EAST GREENWICH RI 02818

VICE PRESIDENT / DIRECTOR ☒ Change ☐ Addition

JORAN BLASBALG

1485 SO. COUNTY TRAIL

EAST GREENWICH RI 02818

☐ Change ☐ Addition

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10/05/99-01091-020

****558.75 ****558.75

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0115761

CR2E034 (5/99)

KE