

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

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May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000004018 (5)**

1. Corporation Name
KBM ENTERPRISES, INC.



Principal Place of Business 15980 CHANEY THOMPSON ROAD HUNTSVILLE AL 35803	Mailing Address 15980 CHANEY THOMPSON ROAD HUNTSVILLE AL 35803-3938
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3. Date Incorporated or Qualified
08/07/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

63-0835551

Applied For
Not Applied

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 Added

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, STANLEY L DR
308 WEST D AVE, BUILDING 260, ROOM 6326
EGLIN AFB FL 32542**

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

Stanley L Smith

(Signature typed or printed in block of registered agent and not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PC** ☐ DELETE
NAME **KNIGHT, JAMES D**
STREET ADDRESS **15980 CHANEY THOMPSON ROAD**
CITY-STATE-ZIP **HUNTSVILLE AL 35803**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE **DVT** ☐ DELETE
NAME **KNIGHT, SHERRILL D**
STREET ADDRESS **15980 CHANEY THOMPSON ROAD**
CITY-STATE-ZIP **HUNTSVILLE AL 35803**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE **SD** ☐ DELETE
NAME **DAVIS, LILLIAN L**
STREET ADDRESS **15980 CHANEY THOMPSON ROAD**
CITY-STATE-ZIP **HUNTSVILLE AL 35803**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **DAVIS, LILLIAN L**
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP **(correction)**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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

Stanley L Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97 **(205) 895-9811**
Date Day/mo Phone #

CR2E034 (9/96)