

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90028 042 ***150.00

DOCUMENT # F96000005669

1. Corporation Name

MALACHI KNOWLES & ASSOCIATES INC.

Principal Place of Business
P.O. BOX 31901
PALM BEACH GARDENS FL 33420

Mailing Address
P.O. BOX 31901
PALM BEACH GARDENS FL 33420

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1996

4. FEI Number

65-0550301

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

KNOWLES, MARY
1456 W. 30TH ST.
RIVIERA BEACH FL 33404

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCDS ☐ DELETE
NAME KNOWLES, MALACHI
STREET ADDRESS 4208 42ND WAY
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE V ☒ DELETE
NAME KNOWLES, MARY ELLEN
STREET ADDRESS 1456 W. 30TH STREET
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE T ☐ DELETE
NAME DUFFUS, ESSIE
STREET ADDRESS 4104 DAKOTA PLACE
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
1.2 NAME JOHN H. KNOWLES
1.3 STREET ADDRESS 1456 W. 30TH STREET
1.4 CITY-ST-ZIP RIVIERA BEACH, FL 33404

2.1 TITLE MARTHA L. KNOWLES ☐ Change ☒ Addition
2.2 NAME SECRETARY
2.3 STREET ADDRESS 1456 W. 30TH STREET
2.4 CITY-ST-ZIP RIVIERA BEACH, FL 33404

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 with an address, with all other like empowered.

SIGNATURE:

Malachi Knowles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/99 561-686-6658
Date Daytime Phone #

0369753

CR2E034 (11/98)