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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # H08126 (5)

1. Corporation Name
KNOX FEED AND SUPPLY, INC.

Principal Place of Business
~~C/O JERRY E. MILLER~~
~~1001 OLD OKEECHOBEE ROAD~~
~~W. PALM BEACH FL 33401~~ None
Business in process of liquidating

Mailing Address
C/O JERRY E. MILLER
~~1001 OLD OKEECHOBEE ROAD~~
~~W. PALM BEACH FL 33401~~

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 7749 NEMEC DR. SOUTH
Suite, Apt. #, etc.
27
City & State
28 WEST PALM BEACH, FL
Zip 29 33406 Country 30 U.S.A.

3. Date Incorporated or Qualified: 05/28/1984
3a. Date of Last Report: 06/15/1995
4. FEI Number: 59-2410966 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
MILLER, JAMES F.
1400 CENTREPARK BLVD.
SUITE 860
WEST PALM BEACH FL 33409

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 _____ DATE _____
Signature, typed or printed name of the registered agent and title if applicable. NOTE: Registered Agent's signature required when changing agent.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MILLER, JAMES F. 450 AUSFTRAILIAN AVE. W. PALM BEACH FL VT ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MILLER, ELIZABETH A. ~~1001 OLD OKEECHOBEE RD~~ ~~W. PALM BCH. FL~~ V ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 2672 RANCH HOUSE RD. W. PALM BEACH, FL 33406
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MILLER, WILLIAM E. 2672 RANCH HOUSE RD. W. PALM BCH. FL P ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MILLER, JERRY EDWARD ~~1001 OLD OKEECHOBEE RD~~ ~~W. PALM BCH. FL~~ ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition 7749 NEMEC DR. SOUTH WEST PALM BEACH, FL 33406
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Elizabeth A Miller 5-1-96 407 683-5966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #