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

03-04-1999 60033 006 ***130.00
FILED H54496
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP 30 AM 10:08

DOCUMENT # **H54496**

1. Corporation Name
K & N ENTERPRISE CORPORATION

Principal Place of Business	Mailing Address
1254 PROVIDENCE BLVD DELTONA FL 32725	1254 PROVIDENCE BLVD DELTONA FL 32725

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1575 KY HWY 643	2a. Mailing Address 26 1575 KY HWY 643
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 WAYNESBURG KY	City & State 28 WAYNESBURG KY
Zip 24 40489 Country 25	Zip 29 40489 Country 30

3. Date Incorporated or Qualified: 04/30/1985
4. FEI Number: 59-2551071 ☐ 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

9. Name and Address of Current Registered Agent

WEST, KEITH R.
821 SAND CRANE LN
LAKE HELEN FL 32725

Keith R. West
265 F4 Smith Blvd
Deltona, Fl 32738

10. Name and Address of New Registered Agent

81 Name: WEST KEITH R.
Street Address (P.O. Box Number is not acceptable)
83: 1575 KY HWY 643
84 City: WAYNESBURG KY 85 Zip Code: 40489

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 registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	☐ DELETE	1.1 TITLE P	☒ Change ☐ Addition
NAME WEST, KEITH R.		1.2 NAME WEST KEITH R.	
STREET ADDRESS 1254 PROVIDENCE BLVD		1.3 STREET ADDRESS 1575 KY HWY 643	
CITY-ST-ZIP DELTONA FL		1.4 CITY-ST-ZIP WAYNESBURG KY 40489	
TITLE T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME WEST, NEIL T.		2.2 NAME	
STREET ADDRESS 315 ATLANTIC AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP E. ROCKAWAY, NY.		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

$ 9/30

CR2E034 (11/98)

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: x Neil T. West x 9/6/99 x Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #