

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Monham
Secretary of State
DIVISION OF CORPORATIONS**FILED**
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:41**DOCUMENT # J47341 (9)**

1. Corporation Name

KNIGHT FOREST PRODUCTS, INC.

Principal Place of Business

**3407-E NE 36TH AVE
OCALA FL 34479**

Mailing Address

**3407-E NE 36TH AVE
OCALA FL 34479
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/06/19863a. Date of Last Report
02/18/19944. FEI Number
59-2743421Applied For
☐ Not Applicable5. 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

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24**25****29****30**

9. Name and Address of Current Registered Agent

**KNIGHT, GLENN E.
518 SE 46 COURT
OCALA FL 32671**

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PT
KNIGHT, GLENN E.
518 S.E. 46TH CT.
OCALA FL**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
KNIGHT, LINDA C.
518 S.E. 46TH CT.
OCALA FL**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE ☒ Change ☐ Addition1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
**4040 SW 20 Ave.
Ocala, FL 34474**2. 1 TITLE ☒ Change ☐ Addition2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
**4040 SW 20 Ave.
Ocala, FL 34474**3. 1 TITLE ☐ Change ☐ Addition3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP4. 1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP5. 1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6. 1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 110.07(3)(b), 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:

Glenn E. Knight**3-28-95 904-622-8002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number