

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K29810 (4)

1. Corporation Name

THE KAVA-NUTT CORPORATION



Principal Place of Business

111 OLD MILL RD
SUGAR GROVE NC 28679-9706

Mailing Address

ROUTE 1 BOX 39
OLD MILL ROAD
SUGAR GROVE NC 28679
US

3. Date Incorporated or Qualified
07/25/1988

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

21 497 Windridge Drive

2a. Mailing Address

26 497 Windridge Drive

Suite, Apt., etc.

22 @ Mast Gap

Suite, Apt., etc.

27 @ Mast Gap

City & State

23 SUGAR GROVE N.C.

City & State

28 SUGAR GROVE N.C.

Zip

24 28679

Country

25 U.S.A.

Zip

29 28679

Country

30 U.S.A.

4. FEI Number

59-2899886

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

10. Name and Address of New Registered Agent

REAVES, PATSY PAULINE

RT 2, BOX 103-T

BAYOU ROAD

FREEPORT FL 32439

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	PD	<input type="checkbox"/> DELETE
NAME	MCKEE, DOROTHY	
STREET ADDRESS	ROUTE 1 BOX 39, OLD MILL ROAD	
CITY - ST - ZIP	SUGAR GROVE NC	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MCKEE, DREW	
STREET ADDRESS	ROUTE 1 BOX 39, OLD MILL ROAD	
CITY - ST - ZIP	SUGAR GROVE NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS, MILTON HAAS	
STREET ADDRESS	X COLAK, Q. ROO	
CITY - ST - ZIP	MEXICO	
TITLE	MARGARET F. JACKSON	<input checked="" type="checkbox"/> DELETE
NAME	BOX 301	
STREET ADDRESS	Quogue, NY 11959	
CITY - ST - ZIP		
TITLE	R. HAYWARD MCKEE	<input type="checkbox"/> DELETE
NAME	37 Fullerton Street (OLD)	
STREET ADDRESS	Albany, N.Y. 12209	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SECRETARY
3.3 STREET ADDRESS	THOMAS MILTON HAAS
3.4 CITY - ST - ZIP	X CALAK, QUINTANA ROO
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	R. HAYWARD MCKEE
5.3 STREET ADDRESS	1203 Newton Street (New)
5.4 CITY - ST - ZIP	Key West, Florida 33040
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 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 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: Dorothy McKee / Dorothy McKee 1-13-96 704/297-6455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)