

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

FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
497 WINDRIDGE DRIVE
@ MAST GAP
SUGAR GROVE NC 28679

Mailing Address
497 WINDRIDGE DRIVE
@ MAST GAP
SUGAR GROVE NC 28679

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/25/1988	
21		26		4. FEI Number 59-2899886	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

REAVES, PATSY PAULINE
RT 2, BOX 103-T
BAYOU ROAD
FREEPORT FL 32439

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKEE, DOROTHY	1.2 NAME	
STREET ADDRESS	ROUTE 1 BOX 39, OLD MILL ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUGAR GROVE NC	1.4 CITY-ST-ZIP	
TITLE	DT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKEE, DREW	2.2 NAME	
STREET ADDRESS	ROUTE 1 BOX 39, OLD MILL ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUGAR GROVE NC	2.4 CITY-ST-ZIP	
TITLE	S HARS M.T.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, MILTON H	3.2 NAME	
STREET ADDRESS	XCALAK, QUINTANA ROO	3.3 STREET ADDRESS	
CITY-ST-ZIP	MEXICO	3.4 CITY-ST-ZIP	
TITLE	HARS M.T.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	First Name	4.2 NAME	
STREET ADDRESS	LAST NAME	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

Dorothy M. McKee

3-7-98

CR2E034 (10/97)