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

PROFIT **CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

KNAPP ENTERPRISES, INC.

FILED	
May 05 1998 8:00an	n
Secretary of State	



Principal Place of Business   Mailing Address   COCRORATH   Set Buy   Company   Set Buy Pinks Buy   ST. PETERSURO FL 33708   St. PETERSURO FL 33												
See   Bay Pietes BLVD   See   Pay Pietes Pietes   Pay Pietes Pietes Pietes   Pay Pietes Piete	Principal Place of Business Mailing Address						1		I DAN MISH BIR	AL BIRIL BIRIL BIR		
2. Principal Piace of Business	GEORGEANN HOGARTH 9661 BAY PINES BLVD. 97. PETERSBURG FL 33708 97. PETERSBURG FL 33708											
2. Marking Address   2. Marking Address   3. Marking Address   4. FEI Number   5.9-2812492   Not Applied For   Not Appli	00		00						,	·		
Solido, Apl. #, etc.   Status   State Apl. #, etc.   Status   Stat	<u></u>	ace of Business	2a. M	ailing Address				4. FE	l Number	-	A	pplied For
27   City & Sisto   City & City & City & Sisto   City & Cit		# ata		ito Aot # oto								
28   Zup   Z	22		27	<del></del>				5. Ce	ertificate of Status Desired			
Country   Country   2/2   Country   8, This corporation rows or has paid the current year Irangible   Personal Property act due Just   Name and Address of Current Registered Agent   10, Name and Address of New Registered Agent   10, Name and Na	<b>≒</b> , `							1	, ,		•	•
\$ Name and Address of Current Registered Agent  HOQARTH, GEORGEANN  TREASURE ISLAND FL 33708  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 Caty  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0507 and 607 1008, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Sections of X605, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and except the obligations of, Section 607 6055, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and except the obligations of, Section 607 6055, Florida Statutes  SIGNATURE  12. OF IT CIT IS AND DIRL CLORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. OF IT CIT IS AND DIRL CLORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. TREASURE ISLAND FL  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. HOSARTH, GEORGEANN  19. STREET ADDRESS  21. STREET ADDRESS  22. STREET ADDRESS  23. STREET ADDRESS  24. CITY -51-2P  17. STREET ADDRESS  24. CITY -51-2P  17. STREET ADDRESS  25. STREET ADDRESS  26. STREET ADDRESS  27. STREET ADDRESS  28. STREET ADDRESS  29. STREET ADDRESS  20. STREET		Country										
HOGARTH, GEORGEANN #89 GAV9HORE-DR. / O Z 2 O 6 U C F B C U P TREASURE ISLAND FL 33708  81	24	<del></del>										☐ No
## Cary   FL   85   Zip Code				ed Agent		T. Na	me	10. N	ame and Address of New	Registered	J Agent	
TREASURE ISLAND FL 33706  83  84 City  FL 85 Zip Code  11. Pursuent to the provisions of Sociens 607 0502 and 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. In refer to the provisions of Sociens 607 0502 and 607 1508, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent. In referring the interest of the corporation's board of directors. I hereby accept the appointment as registered segment and manufacture of the purpose of changing its registered segment and manufacture of the purpose of changing its registered segment agent agen				Rivo								
B3   B4   City   FL   B5   Zip Code	1	7	•	5000	82	Str	eet Addres	iss (P.O.	. Box Number is Not Accep	table)		
The provisions of Socious 607 (0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent.   and familiar with and accept the obligations of, Section 607,0505, Florida Statutes, the above-named corporation's board of directors.   hereby accept the appointment as registered agent, and accept the obligations of, Section 607,0505, Florida Statuter					8:							
office or registered agent, or both, in the State of Horida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent am familiar with and accept the obligations of Section 607/0505, Florida Statutules  SIGNATURE  Signature tyread or princed familiar with or big platent of the obligations of Section 607/0505, Florida Statutules  12. OFFICE RS AND DIRLCTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  HOGARTH, GEORGEANN  TREASURE ISLAND FL  1 AUTY-ST-2IP  TITLE  TREASURE ISLAND FL  DELETE  2 1 TITLE  1 AUTY-ST-2IP  TITLE  DELETE  3 1 TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS					84	Cit	у				<b>85</b> Zip	Code
office or registered agent, or both, in the State of Horida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Socion 607.0505, Florida Stututes  SIGNATURE  Signature ryread or princed states of registered agent and this darpointate. PROTE Registered Agent algorithms required when nebitations)  12. OFFICE RS AND DIRLCTORS  13. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 12  TITLE  HOGARTH, GEORGEANN  TREASURE ISLAND FL  1 AUTY-ST-2IP  TITLE  TREASURE ISLAND FL  DELETE  21 TITLE  22 RAME  23 STREET ADDRESS  CITY-ST-2IP  TITLE  DELETE  31 TITLE  Addition  Addition  MAKE  STREET ADDRESS  STREET	44 Purewort I	to the provisions of Sact	ione 607 0502 and 607	1509 Florido Statu	too the above	10 000	nod paras	ration o	ubmits this statement for th	F	of changing	ito registered
SIGNATURE    Signature typed or printed rainer at supplement and this it provides   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   11.1   ITLE     Addition   Addit	office or re	egistered agent, or both	<ol> <li>in the State of Horida.</li> </ol>	Such change was	authorized b	v the	corporatio	on's boa	ird of directors. I hereby ac	cept the ap	pointment as	s registered
Signature from the princing and thick of principality and the principality and thick of principality and thick of princi	1	originia viai, and acc	epi trie obligations of, o	3011011 007.0000, 11	onda Statute	· 5.						
TITLE						ent sign	perimper enuter					
MAME   STREET ADDRESS   CITY-ST-ZIP   TITLE     DELETE   Addition   ADDITIO								ADI	DITIONS/CHANGES TO OF	FICERS AN		
STREET ADDRESS   TREASURE ISLAND FL	l '										LE Change	☐ Addition
TREASURE ISLAND FL	STREET ADDRESS TROUBLE DR. 20270 GULF BLUD						ss /07	220	GULF BLUD			
NAME	CITY-ST-ZIP											
STREET ADDRESS   2.3 STREET ADDRESS   2.4 CITY - ST - ZIP	TITLE	DELETE 2.17									Change	Addition
CITY-ST-ZIP	1 · · · · · · · · · · · · · · · · · · ·	1										
DELETE	1						ESS					
NAME	<del></del>			DELETE		51-ZIP			<del></del>		Change	Addition
CITY-ST-ZIP	'''				3.2 NAME							
TIFLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME         4.3 STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         4.4 CITY-ST-ZIP         Change         Addition           NAME         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP         Change         Addition           NAME         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME         6.3 STREET ADDRESS         CTTY-ST-ZIP	STREET ADDRESS				3.3 STREE	i adda i	ess					
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE S1 TITLE S2 NAME STREET ADDRESS CITY-ST-ZIP S3 STREET ADDRESS CITY-ST-ZIP TITLE S1 DELETE S4 CITY-ST-ZIP S4 CITY-ST-ZIP S4 CITY-ST-ZIP S5 CITY-ST-ZIP S6 NAME S6 NAME S6 NAME S1 REET ADDRESS S1 DELETE S1 STREET ADDRESS S1 STREET ADDRESS S1 DELETE S1 STREET ADDRESS S1 STREET ADDRESS	<del></del>			- Course		ST-ZIP						
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         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         Change         Addition           NAME         DELETE         6.1 TITLE         Change         Addition           STREET ADDRESS         6.3 STREET ADDRESS         CTREET ADDRESS         CTREET ADDRESS         CTREET ADDRESS	1 -	•		LI DELETE							L Unange	Addition
CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         STREET ADDRESS         CITY-ST-ZIP         5.3 STREET ADDRESS         CITY-ST-ZIP         TITLE         Change         Addition           NAME         6.1 TITLE         Change         Addition           STREET ADDRESS         6.3 STREET ADDRESS         CHANGE         CHANGE	1						-99:					
TITLE         DELETE         51 TITLE         Change         Addition           NAME         52 NAME <th>I I</th> <th></th>	I I											
STREET ADDRESS         53 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE           NAME         62 NAME           STREET ADDRESS         6.3 STREET ADDRESS				☐ DELETE	5 1 TITLE	•					Change	Addition
SA CITY-ST-ZIP	1				5.2 NAME		İ					
TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS		1 - 2					:SS					
NAME STREET ADDRESS 6.2 NAME 6.3 STREET ADDRESS				DELETE		ST-ZIP				<del></del>	Chance	Addition
STREET ADDRESS 6.3 STREET ADDRESS	!											
OTAL AT THE						i addre	ss					
64 CITY-SI-2P  44 I bereby certify that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3Vi) Florida Statutes Lighthar certify that the information	CITY-ST-ZIP				6.4 CITY-				140 03/0V/V E			

Interest centry that the information supplied with this thing does not quality 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 eath; that I am an officer or director of the corporation of 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.

4-10-58