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 # **K51561** **(4)**

1. Corporation Name
KBP ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~539 NORSOTA WAY~~ ~~%JOHN J. SHEA, JR. (P. O. BOX 3798)~~ ~~SARASOTA FL 34230~~	~~539 NORSOTA WAY~~ ~~%JOHN J. SHEA, JR. (P. O. BOX 3798)~~ ~~SARASOTA FL 34230~~

3. Date Incorporated or Qualified: **12/14/1988**
3a. Date of Last Report: **01/31/1995**

2. Principal Place of Business
21: 539 Norsota Way
22: Suite, Apt. #, etc.
23: City & State: Sarasota, FL
24: Zip: 34242
25: Country:

2a. Mailing Address
26: 539 Norsota Way
27: Suite, Apt. #, etc.
28: City & State: Sarasota, FL
29: Zip: 34242
30: Country:

4. FEI Number: **65-0087503** ☐ 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

~~CHEA, JOHN J~~
~~720 SOUTH ORANGE AVE.~~
~~SARASOTA FL 34230~~

10. Name and Address of New Registered Agent

81 Name: Stanley B. Kane
82 Street Address (P.O. Box Number is Not Acceptable): 539 Norsota Way
83
84 City: Sarasota **FL** 85 Zip Code: 34242

11. Pursuant to the provisions of Sections 607.0502 and 617.1502, 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: Stanley B. Kane DATE: 1/24/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE	DP	1 TYPE	☐ Change ☐ Addition
NAME	KANE, STANLEY	1 NAME	
STREET ADDRESS	539 NORSOTA WAY	1 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1 CITY-ST-ZIP	
TYPE	D	2 TYPE	☐ Change ☐ Addition
NAME	KANE, JANET	2 NAME	
STREET ADDRESS	539 NORSOTA WAY	2 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2 CITY-ST-ZIP	
TYPE		3 TYPE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TYPE		4 TYPE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TYPE		5 TYPE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TYPE		6 TYPE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

☐ DELETE

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)(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.

SIGNATURE: Stanley B. Kane 1/24/96 941-340-2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Stanley B. Kane, President

CR2E034 (12/95)