

4-2-97 B-3916 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 02 1997 8:00am  
Secretary of State

|                                                |                                                                                   |                                                                                                    |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

DOCUMENT # K83346 (2)  
1. Corporation Name  
KNAB CORP.

|                                                                         |                                                                  |
|-------------------------------------------------------------------------|------------------------------------------------------------------|
| Principal Place of Business<br>200 E. WASHINGTON<br>MONTICELLO FL 32344 | Mailing Address<br>200 E. WASHINGTON<br>MONTICELLO FL 32344-1952 |
|-------------------------------------------------------------------------|------------------------------------------------------------------|

|                                                                                                     |                                                                                          |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

|                                                                                                                                                                |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br>04/25/1989                                                                                                                | 3a. Date of Last Report<br>02/22/1996 |
| 4. FEI Number<br>59-2957474                                                                                                                                    | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                      | \$8.75 Additional<br>Fee Required     |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                             | \$5.00 May Be<br>Added to Fees        |
| 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

9. Name and Address of Current Registered Agent  
CARRAWAY, F.W., JR.  
200 E WASHINGTON  
MONTICELLO FL 32344

|                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>FL 85 Zip Code |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|

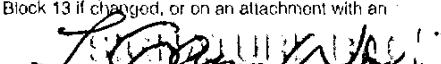
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 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 fee if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                   |
|----------------------------|-----------------------------------|
| TITLE                      | D <input type="checkbox"/> DELETE |
| NAME                       | CARRAWAY, F.W., JR.               |
| STREET ADDRESS             | 200 E WASHINGTON ST               |
| CITY- ST- ZIP              | MONTICELLO FL                     |
| TITLE                      | D <input type="checkbox"/> DELETE |
| NAME                       | WRIGHT, L. GARY                   |
| STREET ADDRESS             | 200 E WASHINGTON ST               |
| CITY- ST- ZIP              | MONTICELLO FL                     |
| TITLE                      | <input type="checkbox"/> DELETE   |
| NAME                       |                                   |
| STREET ADDRESS             |                                   |
| CITY- ST- ZIP              |                                   |
| TITLE                      | <input type="checkbox"/> DELETE   |
| NAME                       |                                   |
| STREET ADDRESS             |                                   |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME                                              |                                                                   |
| 3.3 STREET ADDRESS                                    |                                                                   |
| 3.4 CITY- ST- ZIP                                     |                                                                   |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME                                              |                                                                   |
| 5.3 STREET ADDRESS                                    |                                                                   |
| 5.4 CITY- ST- ZIP                                     |                                                                   |
| 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 does not give information indicated on this annual report or supplemental annual report. I am an officer or director of the corporation or the receiver or trustee and appears in Block 12 or Block 13 if changed, or on an attachment with an

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
3-25-97 904-997-2591  
Date Daytime Phone #

CR2E034 (9/96)