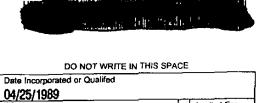
PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1999 05-17-1999 90055 043 ***123.75 DOCUMENT # K83346 KNAB CORP. John Migdie Mailing Address Principal Place of Business 200 E. WASHINGTON 200 E. WASHINGTON MONTICELLO FL 32344 MONTICELLO FL 32344 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 04/25/1989 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-2957474 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired KZK. Fee Required 27 22 \$5.00 May Bo City & State_ City & State 6. Election Compaign Financing -Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation owes the current year intangible Zip ☐ Yes Personal Property Tax. 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CARRAWAY, F.W., JR. 82 Street Address (P.O. Box Number is Not Acceptable) 200 E WASHINGTON MONTICELLO FL 32344 83 85 Zip Code 84 City FL 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.

FILED Mar 11, 1999 8:00 am **Secretary of State**

03-11-1999 90091 017 ****35 00



SIGNATURE Signature, typed or printed name of registered agent and title if appr ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition ☐ DELETE 1.1 TILE TITLE D CR2E034 1.2 NAME CARRAWAY, F.W., JR. NAME 200 E WASHINGTON ST 1.3 STREET ADDRESS STREET ADDRESS MONTICELLO FL 1.4 CITY-ST-ZIP CITY- ST-ZIP Addition Change DELETE 21 TILE TILE WRIGHT, L. GARY 22 NAME NAME 2.3 STREET ADDRESS 200 E WASHINGTON ST STREET ADDRESS MONTICELLO FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 31 TITLE TITLE 32 NAME 3.3 STREET AODRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 4.1 TITLE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE SIMILE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change Addition 6.1 TITLE DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 cath; 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, with all other like empowered.

SIGNATURE:

CED. OR DIRECTOR

=:::

 $\equiv \cdots$

=::