

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L51369

1. Entity Name
KNOX-CULPEPPER CONSTRUCTORS, INC.



Principal Place of Business
P.O. BOX 20086
TALLAHASSEE, FL 32316

Mailing Address
P.O. BOX 20086
TALLAHASSEE, FL 32316

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3003893

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUBBS, JOHN F.
625 WEST GAINES STREET
TALLAHASSEE, FL 32304

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME KNOX, O. JENNINGS
STREET ADDRESS 625 W. GAINES STREET
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE D
NAME HUBBS, JOHN
STREET ADDRESS 625 WEST GAINES STREET
CITY-ST-ZIP TALLAHASSEE, FL

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U00000388931
01/20/06-80025-024 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John F. Hubbs

1/13/06

850-224-3146

Date

Daytime Phone