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**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90275 008 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N51039**

1. Corporation Name

**KNB FOR LIFE, INC.**

Principal Place of Business

**3000 GATEWAY DRIVE  
POMPAÑO BEACH FL 33069**

Mailing Address

**3000 GATEWAY DRIVE  
POMPAÑO BEACH FL 33069**



2. Principal Place of Business

21 **4030 N.E. JOE'S POINT RD.**

Suite, Apt. #, etc.

22

23 **STUART, FL**

Zip Country

24 **34996** 25 **MARTIN**

2a. Mailing Address

26 **4030 N.E. JOE'S POINT RD.**

Suite, Apt. #, etc.

27

28 **STUART, FL**

Zip Country

29 **34996** 30 **MARTIN**

3. Date Incorporated or Qualified

**09/28/1992**

4. FEI Number

**65-0361100**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be Added to Fees

10. Name and Address of New Registered Agent

81 Name

**SAME NAME**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **4030 N.E. JOE'S POINT ROAD**

84 City **STUART** 85 **FL** Zip Code **34996**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **BEARD, VERNON D.**  
**3000 GATEWAY DRIVE**  
CITY-ST-ZIP **POMPAÑO BEACH FL 33069**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **BEARD, REDA D.**  
**3000 GATEWAY DRIVE**  
CITY-ST-ZIP **POMPAÑO BEACH FL 33069**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **BEARD, DONESE K.**  
**3000 GATEWAY DRIVE**  
CITY-ST-ZIP **POMPAÑO BEACH FL 33069**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **WILKERSON, ROBERT**  
**205 W. NORTH STREET**  
CITY-ST-ZIP **TAMPA FL 33604**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **4030 NE JOE'S POINT RD.**  
1.4 CITY-ST-ZIP **STUART, FL 34996**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **4030 N.E. JOE'S POINT RD.**  
2.4 CITY-ST-ZIP **STUART, FL 34996**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **131 N.W. 73 TERRACE**  
3.4 CITY-ST-ZIP **PLANTATION, FL 33317**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS **3615 SMITH RYALS RD.**  
4.4 CITY-ST-ZIP **PLANT CITY, FL 33567**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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 617, 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-99 561-225-8978**

Date

Daytime Phone #

CR2E037 (11/98)