

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90238 017 \*\*\*150.00

**DOCUMENT # P01000048325**  
 1. Entity Name  
**KBQL, INC.**

Principal Place of Business      Mailing Address  
**6235 N DAVIS HWY**      **6235 N DAVIS HWY**  
**PENSACOLA FL 32504**      **PENSACOLA FL 32504**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**593719005**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**KIEVIT, KELLY & ODOM, P.A.**  
**15 WEST MAIN STREET**  
**PENSACOLA FL 32501**

7. Name and Address of New Registered Agent  
 Name **JACK R ENOCH.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3248 MCMILLAN CR. DRIVE**  
 City **MILTON**      FL      Zip Code **32583**

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.  
 SIGNATURE *Jack R Enoch*      **JACK R ENOCH**      Dir / GEN. MGR.      1/29/02  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)   
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHRAW, KELLY	
STREET ADDRESS	1899 RESERVE BLVD APT 141	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHRAW, RICKY	
STREET ADDRESS	1899 RESERVE BLVD APT 141	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENOCH, TWILA S	
STREET ADDRESS	1899 RESERVE BLVD APT 141	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	<i>Jack R Enoch</i>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rick Schraw.	
STREET ADDRESS	3248 Mcmillan CR. DR.	
CITY-ST-ZIP	MILTON FL. 32583.	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelly Schraw.	
STREET ADDRESS	3248 Mcmillan CR. DR.	
CITY-ST-ZIP	MILTON FL. 32583	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Twila Enoch.	
STREET ADDRESS	3248 Mcmillan CR. DR.	
CITY-ST-ZIP	MILTON FL. 32583	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK R. ENOCH	
STREET ADDRESS	3248 Mcmillan CR. DR.	
CITY-ST-ZIP	MILTON FL. 32583	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jack R Enoch*      **JACK R ENOCH**      1/29/02      850 484 8311  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)