FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P30135 (8)**DOCUMENT #** KNOB HILL, INC. Principal Place of Business Mailing Address 905 MOORING CIRCLE 905 MOORING CIRCLE TAMPA FL 33602-5757 TAMPA FL 33602-5757

| | | | A 0.00 | | L | | |
|--------------------------------|--|---------------------------|-------------------|--|--|---|-----------------------------------|
| | | | | | 3. Date Incorporated or Qualified 07/12/1990 | 3a. Date of Last 05/25/19 | |
| F1 | | 2a. Mailing Addre | 985 | | 4. FEI Number 23-2556246 | | Applied For Not Applicable |
| Suite, Apt 22 1 94 (| | Suite Apt. #, | ROYAL | des ! | 5. Certificate of Status Desired | 1 1 | 5 Additional Required |
| City & State | e | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.0 | 00 May Be |
| Zφ | Country | Ζφ | Cour | ıtry | 8. This corporation has liability for | ··· | |
| 24 | 9. Name and Address of Cur | 29 | 30 | | | □No | |
| | 9. Name and Address of Cut | rent Registered Agent | | 81 Name | 10. Name and Address of New F | legistered Agent | |
| O'BRIEN, CHARLES J. | | | | | | | |
| 905 MOORING CIRCLE | | | | 82 Street Ad | Address (P.O. Box Number is Not Acceptable) | | |
| | FL 33602 | | ŀ | 83 | | | |
| | | | | 84 City | | garage 65 Z | Pip Code |
| 11. Pursuant t | to the provisions of Sections 607.04 | 502 and 607 1508. Florid: | Statutes the etc. | e pagiod car | oration submits this statement for the pur | <u>FL</u> | · |
| or register | red agent, or both, in the State of Fl th, and accept the obligations of, S | ionda. Such charice was a | lumonzed by me c | orporation's bo | oration submits this statement for the pur eard of directors. Thereby accept the appr | pose of changing its pintment as registere | registered office d agent. Lam |
| SIGNATURE | Styliatize typed or printer hank of egistiese a | gent and the tappacate. | (NVLL Frightered) | National Section Communications of the communication of the communicatio | red when reastangs | LiAïe | |
| 12. | OFFICERS : | AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFF | | ORS IN 12 |
| TITLE | PD | [] DELF | TE 1.11 | F | | Change | Add tion |
| NAME | O'BRIEN, CHARLES J. | | 1.2 NA | ME . | D N | - h- | |
| STREET ADDRESS | 905 MOORING CIRCLE | | 1380 | EET ADDRESS | 1040 ROYAL PA | as ka | |
| CITY -ST - ZIP TITLE | TAMPA FL | | | Y - ST - ZIP | | | w |
| NAME | | ☐ ĐELĐ | | | | Change | ☐ Addition |
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| NAME | | <u></u> | 32 NA | | | | Modition. |
| STREET ADDRESS | | | 33 S1 | REEL ADORESS | | | |
| C(TY+SI-ZIF | | | 3401 | r - 51 - 21P | | | |
| TITLE | | DELE | | | | Change | □ Addition |
| NAME | | | 4.2 NA | /E | | | |
| STREET ADDRESS | | | 43 S7 | EET ADDRESS | | | |
| CITY - ST - ZIP | | | | SI-ZIP | | | |
| THLE | | DELE | TE . 5 1 TH | if | | [] Change | ☐ Addition |
| NAME | | | 5.2 NA | AE | | | |
| STREET ADDRESS | | | 53\$16 | EET ADDRESS | | | |
| CITY-ST-ZIP | | D see a | | r - S1 - ZIF | | | |
| TITLE | | □ DELF | | | | Cnange | Add tion |
| NAME | | | 6.2 NAI | · | | | |
| STREET ADDRESS | | | | EFT ADDRESS | | | |
| CITY-ST-ZIP | l | | 6.4 CIT | (-ST-ZIP | | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

SIGNING OFFICER OR DIRECTOR

SIGNATURE:

P. 74.46

213-754-472