

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000039789 (0)

1. Corporation Name

KNOWLEDGE RESOURCES, INC.



Principal Place of Business

**8701 BLIND PASS RD #307B
ST PETE BEACH FL 33706**

Mailing Address

**8701 BLIND PASS RD #307B
ST PETE BEACH FL 33706**

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

3. Date Incorporated or Qualified

05/24/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3247765

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORGAN, BARRY L
8701 BLIND PASS RD 307B
ST PETE BEACH FL 33706**

81 Name

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

83

84 City

FL

85 Zip Code

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.

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 **D** ☐ DELETE
NAME **MORGAN, BARRY L**
STREET ADDRESS **8701 BLIND PASS RD #307B**
CITY - ST - ZIP **ST PETE BEACH FL 33706**

TITLE **D** ☐ DELETE
NAME **MORGAN, MARY L**
STREET ADDRESS **8701 BLIND PASS RD #307B**
CITY - ST - ZIP **ST PETE BEACH FL 33706**

TITLE **D** ☒ DELETE
NAME **TARLETON, DONNA**
STREET ADDRESS **980 PASADENA AVE**
CITY - ST - ZIP **SO PASADENA FL**

TITLE **D** ☒ DELETE
NAME **RUMMEL, H E**
STREET ADDRESS **5401 CENTRAL AVE**
CITY - ST - ZIP **ST PETERSBURG FL**

TITLE **D** ☒ DELETE
NAME **KING, ROBERT J**
STREET ADDRESS **301 PARK STREET SOUTH**
CITY - ST - ZIP **ST PETERSBURG FL**

TITLE **D** ☒ DELETE
NAME **PARKER, JOHN**
STREET ADDRESS **4635 ALISA CIR NE**
CITY - ST - ZIP **ST PETERSBURG FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

813-863-1623

CR2E034 (12/95)