

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000092756 (3)

1. Corporation Name

KNIGHT COACH, INC.



Principal Place of Business

**4257 LAGO WAY
SARASOTA FL 34241**

Mailing Address

**4257 LAGO WAY
SARASOTA FL 34241**

3. Date Incorporated or Qualified
12/23/1994

3a. Date of Last Report
02/13/1995

2. Principal Place of Business

2a. Mailing Address

21 State Apt #, etc

26 State Apt #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number
65-0542120

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

**BUCHHOLZ, EDWARD E
4257 LAGO WAY
SARASOTA FL 34241**

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 607.1503, 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 of Registered Agent (if not the same as the corporation's)

(If the Registered Agent Signature is not the same as the corporation's)

(Date)

12. OFFICERS AND DIRECTORS

12.1 NAME	D BUCHHOLZ, EDWARD E	☐ DELETE
12.2 STREET ADDRESS	4257 LAGO WAY	
12.3 CITY-STATE-ZIP	SARASOTA FL 34241	
12.4 NAME	D BUCHHOLZ, LYNN D	☐ DELETE
12.5 STREET ADDRESS	4257 LAGO WAY	
12.6 CITY-STATE-ZIP	SARASOTA FL 34241	
12.7 NAME		☐ DELETE
12.8 STREET ADDRESS		
12.9 CITY-STATE-ZIP		
12.10 NAME		☐ DELETE
12.11 STREET ADDRESS		
12.12 CITY-STATE-ZIP		
12.13 NAME		☐ DELETE
12.14 STREET ADDRESS		
12.15 CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	
13.5 NAME	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-STATE-ZIP	
13.9 NAME	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-STATE-ZIP	
13.13 NAME	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-STATE-ZIP	
13.17 NAME	☐ Change ☐ Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this form 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

Edward B. Buchholz PUES

2-9-96

941-927-9477

DISCLOSURE

CR2E034 (12/95)