

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000059851 (2)

1. Corporation Name

KNIGHT LIFE ENTERPRISES, INC.



Principal Place of Business

4441 EMERSON STREET
JACKSONVILLE FL 32207

Mailing Address

4441 EMERSON STREET
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified

08/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEE Number

59-3327443

Applied For

Not Applicable

21. Suite, Apt., etc.

26. Suite, Apt., etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23. Zip

Country

28. Zip

Country

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

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KNIGHT, TIMOTHY C
4441 EMERSON STREET
JACKSONVILLE FL 32207

81. Name

82. Street Address (F.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 607.0506, Florida Statutes.

SIGNATURE

Signature of Registered Agent (must be signed by the agent)

Signature of Registered Agent (must be signed by the agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
	D KNIGHT, TIMOTHY C	4441 EMERSON STREET JACKSONVILLE FL 32207					
	D KNIGHT, KRISTY L	4441 EMERSON STREET JACKSONVILLE FL 32207					

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY, ST, ZIP
	P.S.T						
	V						

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 a shareholder 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 in the correct, or correct and current, address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY C. KNIGHTS
P.S.T

1/23/96

9043965806

CR2E034 (12/95)