

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000061356 (8)

1. Corporation Name

KNJ, INC.



Principal Place of Business

111-C WEST MAIN STREET
INVERNESS FL 34450

Mailing Address

111-C WEST MAIN STREET
INVERNESS FL 34450

2. Principal Place of Business

21 1121 S.W. 1ST AVENUE

Suite, Apt. #, etc.

22 City & State

23 OCALA, FL

Zip

24 34474

Country

25 USA

2a. Mailing Address

26 6333 S.W. HWY 200

Suite, Apt. #, etc.

27 City & State

28 OCALA, FL

Zip

29 34476-5555

Country

30 USA

3. Date Incorporated or Qualified

07/31/1995

3a. Date of Last Report

N/A - Initial Report

4. FET Number

59-3336135

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$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

MICELI, DOMINIC

~~111-C WEST MAIN STREET~~

~~INVERNESS FL 34450~~

10. Name and Address of New Registered Agent

81 Name

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

83 6333 S.W. HWY 200

84 City OCALA,

FL

85 Zip Code

34476-5555

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 type for printed name of registered agent and for applicable

(P.O. Box) Registered Agent signature is not acceptable

(Date)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
MICELI, DOMINIC
~~POST OFFICE BOX 2112~~
~~INVERNESS FL 34451~~

☐ DELETE

D
GILMAN, STEVE
3524 S.E. 41ST PLACE
OCALA FL 34480

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

HL 26/96 (352) 873-9777

CR2E034 (12/95)