

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT #

1. Corporation Name

K & B ENTERPRISES, INC.

Principal Place of Business

Mailing Address

13001 BELCHER RD.
LARGO, FL. 33773

12716 KIMBERLY OAKS CIRCLE
LARGO, FL. 33774

3. Date Incorporated or Qualified

AUGUST 29, 1995

3a. Date of Last Report

APRIL 8, 1996

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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4. FEI Number

59-333-1609

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

10. Name and Address of New Registered Agent

BOBBY D. BYRD
12716 KIMBERLY OAKS CIRCLE
LARGO, FLA. 33774

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 agent. I am authorized to accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Bobby D. Byrd

(NOTE: Registered Agent signature required when reinstating)

4-15-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

PRESIDENT

☐ DELETE

2. NAME

BOBBY D. BYRD

3. STREET ADDRESS

12716 KIMBERLY OAKS CIRCLE

4. CITY-STATE-ZIP

LARGO, FL. 33774

5. TITLE

Treasurer

☐ DELETE

6. NAME

KATHY T. BYRD

7. STREET ADDRESS

12716 KIMBERLY OAKS CIRCLE

8. CITY-STATE-ZIP

LARGO, FL. 33774

9. TITLE

☐ DELETE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change

☐ Addition

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☐ Addition

14. I am hereby certifying that the information supplied with this filing does not qualify for the exemption stated in Section 607.0807, Florida Statutes, 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:

BOBBY D. BYRD

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4-15-97 813-536-9860

CR2E034 (9/96)