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FILED

May 05 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 # P95000075542 (7)

1. Corporation Name
NB & KM, INC.

Principal Place of Business

226 NORTHEAST TRIPLET COURT
CASSELBERRY FL 32707

Mailing Address

226 NORTHEAST TRIPLET COURT
CASSELBERRY FL 32707-3423



2. Principal Place of Business

21 ~~2890 S. Orlando Dr~~ 2890 S. Orlando Dr

Suite, Apt. #, etc.

22

City & State

23 Sanford Florida

Zip

24 32773

Country

25 Seminole

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

10/02/1995

3a. Date of Last Report

05/21/1996

4. FEI Number

59-3367874

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

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81

Name

Kevin C McDeed

82

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

226 NE Triplet Ct

83

84

City

Casselberry

FL

85

Zip Code

32707

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

Kevin C McDeed President

(NOTE: Registered Agent signature required when reinstating)

3-21-97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PST
MCDEED, KEVIN C
STREET ADDRESS
226 NORTHEAST TRIPLET COURT
CITY-ST-ZIP
CASSELBERRY FL 32707

TITLE ☐ DELETE

NAME
VTD
BENDER, NEAL R
STREET ADDRESS
226 NORTHEAST TRIPLET COURT
CITY-ST-ZIP
CASSELBERRY FL 32707

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

600002170496

-05/08/97--01003--040

***165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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:

Kevin C McDeed

4-25-97 (407) 322-0564

Date

Daytime Phone #

CR2E034 (9/96)