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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000075542 (7)

NB & KM, INC.

SANFORD FL 32773

Principal Place of Business 2890 S. ORLANDO DRIVE

Mailing Address

2890 S. ORLANDO DRIVE SANFORD FL 32773

FILED Apr 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/02/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3367974 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible 25 29 Personal Property Tax due June 30. ☐ Yes 24 30 p. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MC DEED, KEVIN C 326 N.E. TRIPLET CT. **B**2 Street Address (P.O. Box Number is Not Acceptable) CASSELBERRY FL 32707 83 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 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if application (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TITLE MCDEED, KEVIN C NAME 1.2 NAME 226 NORTHEAST TRIPLET COURT 1.3 STREET ADDRESS STREET ADDRESS CASSELBERRY FL 32707 CITY-S1-ZIF 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 21 TITLE BENDER, NEAL R NAME 2.2 NAME 226 NORTHEAST TRIPLET COURT 2.3 STREET ADDRESS CASSELBERRY FL 32707 CITY-S1-ZIP 2, 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - \$1 - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4 1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHTY-ST-7(P CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CiTY-ST-ZIP CITY - ST - 7IP

6.4 CITY-ST-ZIP CITY-SI-ZIP 14. I 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 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.

6 1 TITLE

R 2 NAME 6.3 STREET ADDRESS

DELETE

SIGNATURE:

TITLE NAME

STREET ADORESS

Keyin C McDeed 4-13-98 (407) 322-0564

Change

Addition

(10/97 CR2E034