

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 OCT 23 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P95000091140 (0)

1. Corporation Name

KNIGHT FINANCIAL CORP.

Principal Place of Business

2808 TARFLOWER WAY
NAPLES FL 33942

Mailing Address

2808 TARFLOWER WAY
NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1995

4. FEI Number

65-0628322

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

14100 Darnestown Rd.

Darnestown, MD

20874

USA

9. Name and Address of Current Registered Agent

WESTMAN, CARL E.
850 PARK SHORE DRIVE
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name C. ROBERT HANLEY
82 Street Address (P.O. Box Number is Not Acceptable)
2808 TARFLOWER WAY
83
84 City NAPLES FL 85 Zip Code 33942

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 *Robert Hanley*
Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☒ DELETE
NAME WESTMAN, CARL E.
STREET ADDRESS 850 PARK SHORE DR
CITY-ST-ZIP NAPLES FL

TITLE S ☒ DELETE
NAME HABER, MARVIN S
STREET ADDRESS 2310 TWIN VALLEY LANE
CITY-ST-ZIP SILVER SPRING MD 20906

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

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME C. ROBERT HANLEY
1.3 STREET ADDRESS 2808 TARFLOWER WAY
1.4 CITY-ST-ZIP NAPLES, FL 33942

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME Michael T. Sutherland
2.3 STREET ADDRESS 17601 WHITESTONE RD
2.4 CITY-ST-ZIP BARNESVILLE, MD 20838

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME DANIEL HANLEY
3.3 STREET ADDRESS 11206 MIDVALE ROAD
3.4 CITY-ST-ZIP KENSINGTON, MD 20895

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME LINDA BEACHAM
4.3 STREET ADDRESS 14100 Darnestown Rd
4.4 CITY-ST-ZIP Darnestown, MD 20874

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 300002674833--2
5.4 CITY-ST-ZIP -10/28/98--01083--011

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME Linda Beacham
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/98)

0096947