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

PROFIT CORPORATION ANNUAL REPORT

1997

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SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 18 1997 8:00am

Secretary of State

2/12/97

904-448-2544

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600003991 (2)

## KNOWLES DEVELOPMENT CORPORATION

Principal Place	e of Business	Mailing Address				4 TRANCOBE IND DOTAG ANEXE AMERICANIES MANIE MANIE MALIEM SECTED SCHAL TOTAL EMPIRE STATE FOR I					
9152 TRENT W JACKSONVILLE		9152 TRENT WAY JACKSONVILLE FL 3225	9152 TRENT WAY JACKSONVILLE FL 32257-8022								
						3. Date Incorporated or Qualified 01/10/1996	3a. Da	ate of Last F	Report		
2. Principal Pl	lace of Business	2a. Mailing Address			· · · · · · · · · · · · · · · · · · ·	4. FEI Number		A	pptied For		
21		26				59-3353542		N	ot Applicable		
Suite, Apt	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired		
City & State	0	City & State	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees				
<b>23</b>   Zip	Country	Zip	Coun	try		8. This corporation has liability for	intangible	tax under s	<del></del>		
24	25	29	30				Yes [				
	9. Name and Address of Cu	rrent Registered Agent		31	blassa	10. Name and Address of New Re	gistered .	Agent			
	OWLES, MARK A		١	<b>'</b> '	Name						
	2 trent way :Ksonville FL 32257		ε	12	Street A	Address (P.O. Box Number is Not Acceptat	ole)				
			ε	33	-						
			Ē	34	City		FL	<b>85</b> Zip	Code		
office or re agent I all SIGNATURE	egistered agent, or both, in the S m familiar with, and accept the o	tate of Florida. Such change was bligations of, Section 607.0505, f	authorized Torida Statu	by tes	the corp	corporation submits this statement for the poration's board of directors. I hereby acceptions	ot the app	changing i continent as	lts registered s registered		
	Signature, typical or pointed name of registors			Ager	nt signature i	required when reinstating)	DATE				
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	CERS AND				
JITLE	D MANAGE ANABY A	L DELETE	1.1 TiTL		-	D/P		Change	Addition		
NAME	KNOWLES, MARK A		1.2 NAM	Æ	ŀ						
STREET ADDRESS	9152 TRENT WAY		1.3 STR	EET.	ADDRESS						
CITY - ST - ZIP	JACKSONVILLE FL 32257			(-ST-ZIP					F***		
THTLE		☐ DELETE	2.1 TITL	E				Change	Addition		
NAME			2.2 NAN								
STREET ADDRESS					ADDRESS	• · · · · · · · · · · · · · · · · · · ·	* 5.				
City - S1 - ZiP		Dourt	2.4 CITY-ST-ZI		T-ZIP	* *	, h	Change	Liddion		
TITLE		☐ DELETE	i i					Change	Addition		
NAMÉ			3.2 NAN								
STREET ADDRESS					ADDAESS						
CITY-\$1-70P		DELETE	3.4. C(T 4.1 T)YL	_	1-ZIP			Change	Addition		
TITLE NAMÉ			4.1 HIL					- Ancountry	La Addition		
STREET ADDRESS					address	1					
			4								
CITY+S1+ZIP TITLE		DELETE	4.4 City 5.1 Titl		- ZIP			Change	Addition		
NAME		בין טנננונ	5.1 HIL					Augusto			
STREET ADDRESS					address						
·			1								
CITY-ST-ZIF TITLE		DELETE	5.4 CIT		ı-zır			Change	Addition		
NAME		000010	6.1 MIL					and Divingo	tural / Walletoll		
					ADDRESS						
STREET ADORESS			6.4 CITY								
01) y - St - 21F 14. I do herel	by certily that the information sur	pplied with this filing does not aux	alify for the e	YA!	mntion st	tated in Section 119,07(3)(i), Florida Statute	s. I furthe	r certify tha	it the		
informatio	on indicated on this annual report	t or supplemental annual report is	s true and ac	ccu	ırate and	that my signature shall have the same leg- eport as required by Chapter 607, Florida	al effect a:	s if made ui	nder oath: that		

on an attachment with an address

Mark A. Knowles, Pres.