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FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000016799 (4)

1. Corporation Name

KAB ENTERPRISES OF MCDAVID, INC.

Principal Place of Business

53 MAIN STREET  
MCDAVID FL 32568-3509

Mailing Address

POST OFFICE BOX 3509  
MCDAVID FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1996

4. FEI Number

59-3359405

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

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

BRAKE, KENNETH W  
53 MAIN STREET  
MCDAVID FL 32568-3509

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME BRAKE, KENNETH W  
STREET ADDRESS POST OFFICE BOX 3509  
CITY-ST-ZIP MCDAVID FL 32568 ☐ DELETE

TITLE D  
NAME BRAKE, ALICE M  
STREET ADDRESS POST OFFICE BOX 3509  
CITY-ST-ZIP MCDAVID FL 32568 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SIT  
1.2 NAME Tonia Breckenridge  
1.3 STREET ADDRESS 785 Archer Rd  
1.4 CITY-ST-ZIP Cantonment FL 32533 ☐ Change ☒ Addition

2.1 TITLE V  
2.2 NAME Scott Brake  
2.3 STREET ADDRESS 53 Main Street, PO Box 3509  
2.4 CITY-ST-ZIP McDavid FL 32568 ☐ Change ☒ Addition

3.1 TITLE M  
3.2 NAME Amy Stamper  
3.3 STREET ADDRESS 53 Main Street, PO Box 3509  
3.4 CITY-ST-ZIP McDavid FL 32568 ☐ Change ☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

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.

SIGNATURE *[Signature]* DATE *05/14/98*

CR2E034 (10/97)