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

**PROFIT** CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000027368 (5)

KNOBBYS, INC.

Principal Place of Business

Mailing Address

## **FILED** Apr 15 1997 8:00am Secretary of State



4415 METRO PARKWAY FT MYERS FL 3918		4415 METRO PARKWAY FT MYERS FL 33916-9408						
·					3. Date Incorporated or Qualified 03/28/1996	3a. Date of Las	st Report	
2. Principal P	2a. Mailing Address	Address		4. FEI Number		Applied For		
	METRO PARKWAY	26					Not Applicable	
Suffe, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
	MYERS, FL	Cily & State			Election Campaign Financing Trust Fund Contribution		OO May Be ed to Fees	
Zip 24 <b>5</b> 39		Zip 29	Count 30	ry		Yes No	er s. 199.032,	
	9. Name and Address of Curren	t Registered Agent		·	10. Name and Address of New Reg	distered Agent		
	BLAUCH, RUTH		8	1 Name				
3321 SW 6TH PLACE CAPE CORAL FL 33914			8:		ddress (P.O. Box Number is Not Acceptable)			
			8	3				
			8-	4 City		FL B5 Z	ip Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the abo	ve-named cor	poration submits this statement for the pr	urpose of changin	g its registered	
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Statut	es.	tion's board of directors. I hereby accep	r the appointment	as registered	
SIGNATURE						3-15-17 DATE		
40	Signature, typed or printed name of registered age			gent signature requ	ured when reinstaling)		1000 III 40	
12.	OFFICERS ANI	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Chang		
NAME	KNOBLAUCH, RUTH	□ pcccrt	1.2 NAME			<b>P.D</b> Ontari	Jo [] Addition	
STREET ADDRESS	3321 SW 6TH PLACE			ET ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL 33914		1.4 CITY					
TITLE	D	DELETE	2.1 TITLE			X Chang	ge Addition	
NAME	KNOBLAUCH, DON 22		2.2 NAME	:				
STREET ADDRESS	3321 SW 6TH PLACE		2.3 STREE	E1 ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL 33914		2.4 CHY	-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			Chang	ge 🔲 Addition	
NAME	•		3.2 NAME					
STREET ADDRESS			3.3 STREE	ET ADORESS				
CITY-ST-ZIP		Drutte	3.4 CITY			[ ] Ob	a Daggian	
TITLE		☐ DELETE	4.1 TITLE			∟.J Chang	ge	
NAME STREET ADDRESS			4, 2 NAM					
CITY-ST-ZIP			4.3 STREE	ET ADDRESS				
TITLE		☐ DELETE	5.1 TITLE			Chang	e Addition	
NAME		<del></del>	52 NAME				<del></del>	
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			5.4 CHY-					
TITLE		DELETE	61 TALE			Chang	ge Addition	
NAME			6.2 NAME					
\$TREET ADDRESS			6.3 STREE	ET ADDRESS				
CITY-ST-ZIP			6.4 C/TY-	ST-ZIP				

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 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.

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