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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000045429 (3)

Country

g. Name and Address of Current Registered Agent

25

CAPITAL CONNECTION, INC.

K-SON TRUCKING, INC.

2. Principal Place of Business

Suite, Apt #, etc

City & State

Zip

21

22

23

24

Principal Place of Business	Mailing Address	
117 S 5TH ST MCCLENNY FL 32063	117 S 5TH ST MCCLENNY FL 32063	

26

28

29

2a. Mailing Address

City & State

Zιο

Suite, Apt. #, etc.

FILED Apr 21 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

(904)259-6771

☐ No

Not Applicable

3. Date Incorporated or Qualified

05/29/1996

59-3379597

5. Certificate of Status Desired

6, Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

417 E VIRGINIA ST, SUITE 1 TALLAHASSEE FL 32301		82	Street Address (P.O. Box Number is Not Acceptable)						
									83
			84	City		85	Zip C	ode	
					F <u>L</u>	ΔĦ			
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 Machan 1. Cut allow Surration Surration (NOTE Registered Agent signature required when reinstating) DATE									
Shirinario, listed or printed have not registered agent and trigit applicable. (NOTE Registered 12. OFFICERS AND DIRECTORS 13.				d Agent signature required when reinstaling! ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PD	DELETE	1.1 TITLE		ADDITIONS/CHAINGES TO OFFICERS AND	Cha		Addition	
NAME	KNABB, GEORGE W. S		1.2 NAME						
STREET ADDRESS	912 S 5TH ST		1.3 STREET	ADDRESS.					
CITY-ST-ZIP	MACCLENNY FL		1.4 C(TY-S)					1	
TITLE	VO	DELETE	21 TITLE			Chi	ange	Addition	
NAME	KNABB, GEORGE W JR		2.2 NAME						
STREET ADDRESS	6299 SEMINOLE ST.		2.3 STREET	ADDRESS				J	
City-SI-ZIP	STARKE FL		2.4 CITY-S	ST - ZIP					
TITLE	STD	DELETE	3.1 TITLE			Ch:	ange	Addition	
NAME	CRITCHLY, MIKE		32 NAME		Critchey, mike			j	
STREET ADDRESS	230 W MINNESOTA ST, APT 1		3.3 STREET	ADDRESS	140 Cedar Ave				
CITY-ST-ZIP	MACCLENNY FL 32063		3.4. CITY - S	ST-ZIP	140 Cedar Ave macclenny F1. 32063				
TITLE		DELETE	4.1 TITLE			Ch	ange	☐ Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4 3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP					
TITLE		DELETE	5.1 TITLE			L) Cha	ınge	Addition	
NAME]			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS				ļ	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		DELETE	6.1 TITLE		į	L. Chi	ange	☐ Addition	
NAME			6.2 NAME					1	
STREFT ADDRESS			6.3 STREET	ADDRESS					
CITY-ST-ZIP			6.4 CITY-5						
14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report or supplimental 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.									

Country

81 Name

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