


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

FILED

May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000090694 (6)

1. Corporation Name

KNIGHT INDUSTRIES, INC.

Principal Place of Business

Mailing Address

856 NORTH COCOA BLVD. #1119
COCOA FL 32922-7569

856 NORTH COCOA BLVD. #1119
COCOA FL 32922-7569

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1996

4. FEI Number

59-3410538

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2a. Mailing Address

21 635 BREVARD AVE
Suite, Apt. #, etc.

26 635 BREVARD AVE.
Suite, Apt. #, etc.

22 City & State

27 City & State

23 COCOA, FL
Zip Country

28 COCOA, FL
Zip Country

24 32922
25 USA

29 32922
30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GILES, J D
856 NORTH COCOA BLVD. #1119
COCOA FL 32922-7569

81 Name

J. D. GILES

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

635 BREVARD AVE

83

84 City

COCOA

FL

85 Zip Code

32922

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

4/20/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KNIGHT, DONALD R
STREET ADDRESS 1568 S ELSASSER ST
CITY-ST-ZIP DELAND FL ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VSTD
NAME KNIGHT, KATIE A
STREET ADDRESS 1568 S ELSASSER ST
CITY-ST-ZIP DELAND FL ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE V
NAME GILES, J D
STREET ADDRESS 856 N COCOA BLVD, SUITE 1119
CITY-ST-ZIP COCOA FL 89 ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME J.D. GILES
3.3 STREET ADDRESS 635 BREVARD AVE
3.4 CITY-ST-ZIP COCOA, FL. 32922

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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)(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]

4/20/98 (402)638-4244

CR2E034 (10/97)