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**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P96000103787 (3)

K & C HOLDING CORPORATION

## FILED May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1019 FAIRPLAY AVENUE NW 1019 FAIRPLAY AVENUE NW PALM BAY FL 32907 PALM BAY FL 32907 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/27/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-3416138 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Žφ Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WELLS, CHARLES E 1019 FAIRPLAY AVENUE NW 82 Street Address (P.O. Box Number is Not Acceptable) PALM BAY FL 32907 83 85 Zip Code City FI 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 (NOTE: Registered Agent signature required when reinstating) Signature: typed or proted name of registered agent and too. If applicable OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.5 TITLE Change Addition | WELLS, CHARLES E NAME 1.2 NAME 1019 FAIRPLAY AVENUE NW STREET ADDRESS 1.3 STREET ADDRESS PALM BAY FL 32907 CITY-ST-ZIP 1.4 CITY-ST-2IP DELETE 2.1 TITLE Change Addition S, VP BELAND. KENNETH L NAME 2.2 NAME 1019 FAIRPLAY AVENUE NW STREET ADDRESS 2.3 STREET ADDRESS PALM BAY FL 32907 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY- ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREFT ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 7/P DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP

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. 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 chapter 607, or on an attachment with an address.

CHARLES E. WELLS