2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000010686 1. Entity Name KTK INDUSTRIES, INC.

Feb 10, 2000 8:00 am Secretary of State 02-10-2000 90064 050 ***150.00

| Signature, types or prieted name of logistand appart and title if applicable. (NOTE: Registered Appart signature required when renetating) 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P KNOWLES, KEVIN V 4723 SCHOOL RD LAND 0 LAKES FL 34639 TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS | | | ···· | | | | | | | | |
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| LAND O LAKES FL 34639 | Principal Plac | e of Business | Mailing Address | | | | | | | | |
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| 25 346.24 | | | • | . स | ORTD? | | 4. FI | 59-3493417 | | | |
| 6. Name and Address of Current Registered Agent KNOWLES, KEVIN V 1723 SCHOOL ROAD LAND O LAKES FL 34639 FILE NOW!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State FILE NOW! FEE SA 34639 FILE NOW. FEE Address (P.O. Box Number is Not Acceptable) FILE NOW. FEE Address (P.O. Box Number is Not Acceptable) FILE NOW!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State FILE NOW!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State FILE NOW. FEE Address (P.O. Box Number is Not Acceptable) FILE NOW!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State FILE NOW. FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State FILE NOW. FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State FILE NOW. FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State FILE NOW. FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State FILE NOW. FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State File Now. | | , | | | | | | Contificate of Chatter Desired | \$ | | |
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| KNOWLES, KEVIN V 4723 SCHOOL ROAD LAND O LAKES FL 34639 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Symalls, liyed or printed name of mostland agent and title if aspicable. (NOTE: Registered Agent algorithms required adent in entitlating) P. This corporation in eligible to satisfy its Intangible Ize MOWITI FEE IS \$150.00 Anter MAY 1, 2000 Fee will be \$550.00 Make Check? Rayable to Department of State P. CHORD Fee will be \$550.00 Make Check? Rayable to Department of State P. CHORD Fee will be \$550.00 Make Check? Rayable to Department of State P. CHORD Fee will be \$550.00 Make Check? Rayable to Department of State P. CHORD Fee will be \$550.00 Make Check? Rayable to Department of State P. CHORD Fee will be \$550.00 Make Check? Rayable to Department of State P. CHORD Fee will be \$550.00 Make Check? Rayable to Department of State P. CHORD Fee will be \$550.00 Make Check? Rayable to Department of State P. CHORD FEE AGENT STATE NAME STRET ADDRESS CITY-51-2P TITLE MAKE STRET ADDRESS CITY-51-2P TITLE M | | 6. Name and Address of Current R | egistered Agent | | Mana | 7 | <u>/. N</u> | ame and Address of New Regi | stered Ag | jent | |
| A723 SCHOOL ROAD LAND O LAKES FL 34639 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registated agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its intangible (See criteria on back) After MAY 1, 2000 Fee will be \$550.00 Make Chock Payable to Department of State PROWLES, KEVIN V SIRRET AUDRESS CITY-51-2P TITLE NOWELES, KEVIN V ACTION ARES FL 34639 CITY-51-2P TITLE NOW LAKES FL 34639 CITY-51-2P TITLE NAME SIRRET AUDRESS CITY-51-2P TITLE NAME SIRRET AUDRESS CITY-51-2P TITLE Delate TITLE NAME SIRRET AUDRESS CITY-51-2P TITLE SIRRET AUDRESS CITY-51-2P TITLE SIRRET AUDRESS CITY-51-2P TITLE SIRRET AUDRESS CITY-51-2P TITLE SIRRET AUDRESS CITY-51-2P | | | | | Name | | | | | | } |
| S. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature. Signature requirement and electic to do so. | 4723 SCHOOL ROAD | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See critaria or back) Department of State Section 1. Defector Campaign Financing Trust Fund Contribution. Section Campaign Financing Added to Fees Section 1. Defector Campaign Financing Section Cam | LANI | D U LAKES FL 34639 | | | | | | | | | |
| SIGNATURE Signature types or printed nere of registered agent and itself applicable. NOTE Registered Agent signature required when re-relating) DATE | | | | | City | | | | FL | Zip Code | 9 |
| SIGNATURE Signature types or printed nere of registered agent and itself applicable. NOTE Registered Agent signature required when re-relating) DATE | 8 The above | named entity submits this statement for t | he nurnose of changing its | : registere | ed office or | registered | age | ent, or both, in the State of Florida | <u> </u> | <u> </u> | |
| Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 (See criteria or back) Make Check Payable to Department of State Trust Fund Contribution. The Addidoto Fees Added to Fees Adde | SIGNATURE . | Signature, typed or printed name of registered agent and | d title if applicable. (NOT | E: Registered | d Agent signatu | ire required who | en reir | nstating) | DATE | | |
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| | | ertify that the information supplied with the | nis filing does not qualify fo | | | ed in Section | on 1 | 19.07(3)(i), Florida Statutes. I fur | ther certif | y that the in | formation |

indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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KEVIN V. KNOWLES PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #