07081999-90030-010-$550.00-$550.00

199.

AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 08, 1999 8:00 am
Secretary of State
07-08-1999 90030 010 ***550.00

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000085279

Corporation Name
KNIGHTS-LAUREL BUSINESS PARK, INC.

Principal Place of Business
899 KNIGHTS TRAIL
NOKOMIS FL 34275

Mailing Address
899 KNIGHTS TRAIL
NOKOMIS FL 34275

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1998

Principal Place of Business

2a. Mailing Address (26)

Suite, Apt. #, etc.

Suite, Apt. #, etc. (27)

City & State

City & State (28)

Zip (25) Country

Zip (29) Country (30)

4. FEI Number: 65-0889453 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SEGAL, NAT
1135 GULF OF MEXICO DRIVE
UNIT 402
LONGBOAT KEY FL 34228

10. Name and Address of New Registered Agent

81 Name: MARY MCKEON
82 Street Address (P.O. Box Number is Not Acceptable): 899 Knights Trail
83
84 City: Nokomis FL 85 Zip Code: 34275

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: Mary McKeon — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 7/15/99

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE	1.1 TITLE	PRESIDENT / DIRECTOR	☐ Change ☒ Addition
	1.2 NAME	J. B. PINSKI	
	1.3 STREET ADDRESS	435 L'AMBIANCE DRIVE	
	1.4 CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
☐ DELETE	2.1 TITLE	EXEC VICE PRESIDENT	☐ Change ☒ Addition
	2.2 NAME	BILL MORSE	
	2.3 STREET ADDRESS	899 Knights Trail	
	2.4 CITY-ST-ZIP	NOKOMIS, FL 34275	
☐ DELETE	3.1 TITLE	SECRETARY / DIRECTOR	☐ Change ☒ Addition
	3.2 NAME	DOUG DURHAM	
	3.3 STREET ADDRESS	899 KNIGHTS TRAIL	
	3.4 CITY-ST-ZIP	NOKOMIS, FL 34275	
☐ DELETE	4.1 TITLE	DIRECTOR	☐ Change ☒ Addition
	4.2 NAME	MIKE PINSKI	
	4.3 STREET ADDRESS	17 MARQUETTE LANE	
	4.4 CITY-ST-ZIP	KANKAKEE, IL 60901	
☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
	5.2 NAME		
	5.3 STREET ADDRESS		
	5.4 CITY-ST-ZIP		
☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
	6.2 NAME		
	6.3 STREET ADDRESS		
	6.4 CITY-ST-ZIP		

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: [illegible] SIGNATURE REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 7/2/99 — Daytime Phone #: 941-485-7800

CR2E034 (5/99)