07081999-90030-010-$550.00-$550.00

199.

AMOUNT DUE ON OR BEFORE 05/1/99: $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	Mailing Address
899 KNIGHTS TRAIL NOKOMIS FL 34275	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 / Country 25	Zip / Country 29 / 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.

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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
E / E / EET ADDRESS / -ST-ZIP	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT / DIRECTOR J. B. PINSKI 435 L'AMBIANCE DRIVE LONGBOAT KEY, FL 34228	☐ Change ☒ Addition
E / E / EET ADDRESS / -ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	EXEC VICE PRESIDENT BILL MORSE 899 KNIGHTS TRAIL NOKOMIS, FL 34275	☐ Change ☒ Addition
E / E / EET ADDRESS / -ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SECRETARY / DIRECTOR DOUG DURHAM 899 KNIGHTS TRAIL NOKOMIS, FL 34275	☐ Change ☒ Addition
E / E / EET ADDRESS / -ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	DIRECTOR MIKE PINSKI 17 MARQUETTE LANE KANKAKEE, IL 60901	☐ Change ☒ Addition
E / E / EET ADDRESS / -ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
E / E / ET ADDRESS / ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/99)

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.

GNATURE: J. B. PINSKI SIGNATURE REQUIRED — 7/2/99 — 941-485-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #