2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095238 1. Entity Name KGB, INC.						FILED May 01, 2000 8:00 am Secretary of State 05-01-2000 90411 007 ***150.00			
Principal Place	e of Busines	s	Mailing Address	·—		03-01-2000 90411	007 130.	00	
1447 STONE RO TALLAHASSEE I		1304 HARRISON AVE PANAMA CITY FL 32401-2435	i						
2. Principal Place of Business 1447 STONE ROAD Suite, Apt. #, etc.			3. Mailing Address P.O. Box 37039 Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
#65	#, etc.		Suite#Apt. #, etc.		ļ	DO NOT WAITE IN T	113 SPACE	_	
City & State		FL	City & State	: FL	4	FEI Number 5936158	××	plied For t Applicable	
Zip 32		Country	32315-7039	Country	5	Certificate of Status Desired	\$8.75 Add	litional	
		and Address of Current	_ 			Name and Address of New Register			
	D N AVE L 32401-2435		Street A	7 Sto	Box Number is Not Acceptable)	■ Zip Code	2303		
Tax filing re	pration is elig	H/ / K	EVIN M. GOLLA and title if applicable. (NOTE: i	Registered Agent signated FEE IS \$150.00 Fee will be \$50.00 Fee will b	DIREC ure required whe	agent, or both, in the State of Florida. TOR OF OPERATION DATE: 10. Election Campaign Financing Trust Fund Contribution.	, \$5.0	O May Be	
11.		OFFICERS AND		12.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	1447 ST(ZER, K MARTIN DNE ROAD #17 SSEE FL 32303	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIREC KEVIN 1447	TOR M. GOLLWITZER STONE ROAD #65 AHASSEE, FL 3230:	Change	Addition	CR2F034 (9/99)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONDUR 1447 STO		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECT 4. W. 2415	BONDUR TR. OLD ST. AUGUSTINE OHASSEE, FL 323	A Change 20 #933	☐ Addition	5
TITLE NAME STREET ADDRESS CITY-SY-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		4	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete , i 🖫	TITLE § NAME STREET ADDRESS CITY-ST-ZIP	3 6 74		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
	certify that th	e information supplied with	n this filing does not qualify for t		ted in Section	on 119.07(3)(i), Florida Statutes. I furthe	r certify that the in	nformation or director	

13. I hereby certify that the information supplied with this fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 eath; 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.

SIGNATURE:

INTER DIR OF OPERATIONS 7/16/05