FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

DOCUMENT # V34926 (8)

1. Corporate Name
KING KUTT, INC.

Principal Place of Business
P.O. BOX 119
MACCLENNY FL 32063

Mailing Address
P.O. BOX 119
MACCLENNY FL 32063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/07/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 25 / 29 / 30

4. FEI Number: 59-3168026 — 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. Does corporation wish to be considered for an award under S. 288.703(6) Florida Statutes? [ ] Yes [✓] No

9. Name and Address of Current Registered Agent
WILLIAMS, JOSEPH M.
11 NORTH 4TH STREET
MACCLENNY FL 32063

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, 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

12. OFFICERS AND DIRECTORS

Title	D
NAME	CANNON, B.J.
STREET ADDRESS	102 ELOISE STREET
CITY, ST, ZIP	MACCLENNY FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

Title	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, 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 agent of further employment to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or an attachment with an addition.

SIGNATURE: B J Cannon — SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/30/95 Daytime Phone: 9042596843

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