

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # V66726

1. Corporation Name

K & B TRANSPORT MANUFACTURING, INC.

Principal Place of Business

2545 NARCISUS AVENUE
SANFORD FL 32771
US

Mailing Address

6080 GREENLAND RD
JACKSONVILLE FL 32258
US

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90061 028 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1992

4. FEI Number

58-2016551

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 Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 3900 E Hwy 44

26 P.O. Box 1510

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Deland FL

27 City & State

28 Deland FL

24 Zip Country

25 32720 Volusia

29 Zip Country

30 32721 Volusia

9. Name and Address of Current Registered Agent

GOGEL, WILLIAM A.
6080 GREENLAND RD.
JACKSONVILLE FL 32258

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 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

Signature, typed or printed name of registered agent and title, if applicable.

Signature, typed or printed name of registered agent and title, if applicable.

Signature, typed or printed name of registered agent and title, if applicable.

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GOGEL, WILLIAM A.
STREET ADDRESS 6080 GREENLAND RD
CITY-ST-ZIP JACKSONVILLE FL

DELETE

TITLE ST
NAME GOGEL, WILLIAM A.
STREET ADDRESS 6080 GREENLAND RD
CITY-ST-ZIP JACKSONVILLE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. 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, with all other like empowered.

SIGNATURE:

Signature, typed or printed name of signing officer or director

Date

Daytime Phone #

4/26/99 904 262-8816

CR2E034 (11/98)