

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 482932

(1)

1. Corporation Name

VAN KIRK & SONS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 3:52

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/15/1975	3a. Date of Last Report 04/28/1994
4. FEI Number 59-1618833	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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

VAN KIRK, BOB SR
4100 N.W. 120TH AVE
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City
05 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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	VAN KIRK, BOB SR
STREET ADDRESS	4100 N.W. 120 AVENUE
CITY, ST, ZIP	CORAL SPRINGS FL
TITLE	V
NAME	VAN KIRK, BOB JR
STREET ADDRESS	4100 N.W. 120 AVENUE
CITY, ST, ZIP	CORAL SPRINGS FL
TITLE	ST
NAME	VAN KIRK, PATRICIA
STREET ADDRESS	4100 N.W. 120 AVENUE
CITY, ST, ZIP	CORAL SPRINGS FL
TITLE	V
NAME	VAN KIRK, TIMOTHY
STREET ADDRESS	4100 N.W. 120 AVENUE
CITY, ST, ZIP	CORAL SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 194.07(3)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 12 or Block 13 or on an attachment with my address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED ON PRINTED NAME OF VOUCHER OFFICER OR DIRECTOR

1-12-95

(305) 955-4402