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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H75245

(1)

KEARNS & SONS, INC.

Principal Place of Business Mailing Address % JOSEPH V. CIMATO % JOSEPH V. CIMATO 3621 KNOLLWOOD ROAD 3621 KNOLLWOOD ROAD FT. MYERS FL 33907 FT. MYERS FL 33919-6416						i indinis kata dibib balid tidas dibib indi	aidii eteti dibii sibii dibii dibii ibbi
						3. Date Incorporated or Qualified 09/10/1985	3a. Date of Last Report 03/15/1996
2. Principal Piace of Business			2a. Mailing Address		4. FEI Number	Applied For	
21			26		59-2597632	Not Applicable	
22	Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	See Required	
23	ily & State		City & State	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Z	ψ	Country 25	Zip 29	Coun	try	This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes No
		9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent
	CIMATO	, JOSEPH V.		1	11 Name		
3621 KNOLLWOOD RD FT. MYERS FL 33907				1	Street A	Address (P.O. Box Number is Not Acceptate	ole)
				1	13		
				1	4 City		FL 85 Zip Code
11.	Pursuant to the	ne provisions of Sections 607.05	02 and 607.1508. Florida Sta	tutes, the abo	ve-named	corporation submits this statement for the p	purpose of changing its registered
	office or regis	stered agent, or both in the State	e of Florida, Such change wa	s authorized	by the corp	poration's board of directors. I hereby accept	ot the appointment as registered
		erinia with and accept the oblig	janiona di _i addition todi.coo.	i ionua otatu	va.		
SIGI	NATURE Sign	er 🔩 "A ec or printed move of respetitional ag	purt and tele it applicable (N	IOTE: Registered	gent signature	required when reinstating)	DATE
12.		OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
THEF	D		DELETE	1.1 TITL			Change Addition
NAME		earns, anne r		1.2 NAM	E		
STREE		269 LAKE DR SW		1.3 \$TR	ET ADDRESS		
CITY -	ST-20P F1	r. Myers fl		1.4 CITY	-ST-ZIP		
101;6	D		DELETE	2 1 TITL			Change Addition
HAME		imato, Joseph V.		2.2 NAM	E		
STREE		321 KNOLLWOOD RD		2 3 STRI	ET ADDRESS		
CITY -	\$1-70° F1	r. Myers fl		2 4 CIT	r-ST-ZIP		
Tt] i E	D		☐ DELETE	3 1 TITL			Change Addition
NAME		IMATO, JOHN A.		3 2 NAM	E		
STREE)42 Birnam Wood Ln		3 3 STRI	ET ADDRESS		
C}™.		r. Myers fl		3.4. DIT	-ST-ZIP		
THLE	D		☐ DELETE	4 1 TITL			Change Addition
NAME		mato, ralph		4 2 NA	1E		
STREE		341 BRADFORD ROAD		4.3 STRI	ET ADDRESS		
CITY-:	ST-71P F 1	r. Myers fl		4.4 CITY	-ST-ZIP		
TILE		WATER TO SERVICE THE SERVICE T	☐ DELETE	51 TITL			Change Addition
NAME.				5.2 NAM	E		
STREE	LADORESS			5 3 STA	ET ADDRESS		
CiTY-	S1 - Z (F)			5.4 CITY	-ST-ZIP		
1 THE		The state of the s	DELETE	6.1 TITL			Change Addition
NAME				6.2 NAM	f		
STREE	1 ADDRESS				ET ADDRESS		-

6.4 CITY - ST - ZIP 14. I do 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.

SIGNATURE:

CHY-SI-ZIP

FILED

Mar 06 1997 8:00am

Secretary of State