

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 NOV 24 PM 11:56

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000089611 (3)

1. Corporation Name
KIX ENTERPRISES, INC.



Principal Place of Business: **800 COVE CAY DRIVE, #1B CLEARWATER FL 34620**

Mailing Address: **800 COVE CAY DRIVE, #1B CLEARWATER FL 34620-1213**

3. Date Incorporated or Qualified: **10/31/1996** 3a. Date of Last Report

4. FEI Number: **59-3432086** 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

21 **3376 Lake Shore Blvd.**

22 Suite, Apt. #, etc.

23 **Jacksonville, FL**

24 **32210** 25 Country

26 **3376 Lake Shore Blvd.**

27 Suite, Apt. #, etc.

28 **JACKSONVILLE, FL**

29 **32210** 30 **USA**

9. Name and Address of Current Registered Agent

**BROCK, LARRY S CPA
800 COVE CAY DRIVE, #1B
CLEARWATER FL 34620**

81 Name: **J. N. Kicliter**

82 Street Address (P.O. Box Number is Not Acceptable): **3376 Lake Shore Blvd.**

83

84 City: **Jacksonville** FL 85 Zip Code: **32210**

10. Name and Address of New Registered Agent

81 Name: **J. N. Kicliter**

82 Street Address (P.O. Box Number is Not Acceptable): **3376 Lake Shore Blvd.**

83

84 City: **Jacksonville** FL 85 Zip Code: **32210**

11. Pursuant to the provisions of Sections 607.0002 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: *J. N. Kicliter* DATE: **11/20/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President Director <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. N. Kicliter	1.2 NAME	
STREET ADDRESS	3376 Lake Shore Blvd.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32210	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	900002356899--2
CITY-ST-ZIP		2.4 CITY-ST-ZIP	-11/25/97--01067--015
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	****165.00 ****165.00
NAME		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 I were a director or officer of the corporation; 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.

CR2E034 (9/96)

CHARLES N. WOLFE, C.P.A.
JOHN R. PRIDGEN, C.P.A.
CHARLES E. BONE, C.P.A.
CHARLES F. WINNEY, C.P.A.

JAMES AND HARRIS
CERTIFIED PUBLIC ACCOUNTANTS
857 SOUTH EDGEWOOD AVENUE
JACKSONVILLE, FLORIDA 32205
(904) 389-2725 FAX (904) 389-3474

2
MEMBERS OF:

AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

November 3, 1997

State of Florida
Division of Corporations
Annual Reports Section
P O Box 1500
Tallahassee, FL 32302-1500

RE: Kix Enterprises, Inc.

Gentlemen:

The enclosed Notice of Administrative Dissolution or Revocation was forwarded to us by the widow of the registered agent. It was after receiving this that a review of certain files uncovered the failure to file.

The registered agent, Larry S. Brock, passed away in late July after a brief illness. Mr. Brock, a CPA, had handled all of the filing requirements of the corporation, both State and Federal, since its inception.

Enclosed is the completed Annual Report with changes. Please accept the report as timely filed due to the untimely death of Mr. Brock and not to wilful intention of failure to file.

Yours truly,


John R. Pridgen, CPA

JRP/cap

cc: Mr. J. N. Kicliter