

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

FILED  
Mar 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000093068 (9)

1. Corporation Name  
KIMCOR, INC.

Principal Place of Business

8033 N MACARTHUR BLVD #2132  
IRVING TX 75063

Mailing Address

8033 N MACARTHUR BLVD #2132  
IRVING TX 75063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1997

4. FEI Number

75-2732938

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☒ No

2. Principal Place of Business  
21 10370 CARROLLWOOD LN.

Suite, Apt. #, etc

22 APT. 237

City & State

23 TAMPA, FL

Zip

24 33618

Country

25 USA

2a. Mailing Address

26 10370 CARROLLWOOD LN.

Suite, Apt. #, etc

27 APT. 237

City & State

28 TAMPA, FL

Zip

29 33618

Country

30 USA

9. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.  
4521 PGA BOULEVARD #211  
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name

KIMBERLY L LAUDET

82 Street Address (P.O. Box Number is Not Acceptable)

~~10370 CARROLLWOOD LN. #237~~

83 10370 CARROLLWOOD LN. #237

84 City

TAMPA

FL

85 Zip Code

33618

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



KIMBERLY L. LAUDET

2-27-98

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME LLAUDET, KIMBERLY L  
STREET ADDRESS C/O 8033 N MACARTHUR BLVD #2132  
CITY-ST-ZIP IRVING TX 75063

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

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.

SIGNATURE:  KIMBERLY L. LAUDET 2-27-98 813-264-2614

CR2E034 (10/97)