

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 # P97000093068

1. Corporation Name
KIMCOR, INC.

Principal Place of Business
5908 N. ARMENIA AVE., STE. 200
TAMPA FL 33603
US

Mailing Address
10370 CARROLLWOOD LANE
APT 237
TAMPA FL 33618
US

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90063 023 ***150.00



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
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LLAUGET, KIMBERLY L
5908 N. ARMENIA AVE., STE. 200
TAMPA FL 33603

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

Kimberly Llauget, D,V,S,T

1-5-99

(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

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

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____
NAME _____
STREET ADDRESS _____
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 D,V,S,T ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 5908 N. Armenia Ave. Suite 200

1.4 CITY-ST-ZIP Tampa, FL 33603

2.1 TITLE President ☐ Change ☒ Addition

2.2 NAME Remigio J. Llauget

2.3 STREET ADDRESS 5908 N. Armenia Ave. Suite 200

2.4 CITY-ST-ZIP Tampa, FL 33603

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kimberly Llauget

1-5-99 813-877-7155

Date Daytime Phone #

CR2E034 (1/1/98)