

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000035049

**FILED**  
**Mar 30, 2017**  
**Secretary of State**  
**CC9671139384**

**Entity Name:** KIMBALL TRANSPORTATION, INC.

**Current Principal Place of Business:**

300 NORTH KROME AVENUE BUILDING 11A  
OFFICE 14  
FLORIDA CITY, FL 33034

**Current Mailing Address:**

P.O. BOX 29  
224 A NORTH MILWAUKEE ST  
WATERFORD, WI 53185 US

**FEI Number:** 65-1092675

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PTD  
Name            KIMBALL, BRIAN D  
Address        224 A NORTH MILWAUKEE ST  
                  P.O. BOX 29  
City-State-Zip: WATERFORD WI 53185

Title            SVD  
Name            KIMBALL, PATRICIA D  
Address        224 A NORTH MILWAUKEE ST  
                  P.. BOX 29  
City-State-Zip: WATERFORD WI 53185

Title            D  
Name            KIMBALL, RYAN W  
Address        224A N MILWAUKEE ST  
                  P.O. BOX 29  
City-State-Zip: WATERFORD WI 53185

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PATRICIA KIMBALL

**SECT/TREAS**

**03/30/2017**

Electronic Signature of Signing Officer/Director Detail

Date