JACKSONVILL	E, FL 32254			
Current Mai	ling Address:			
PO BOX 698 JACKSONV	35 ILLE, FL 32236			
FEI Number: 59-3499938		Certificate of Status Desired: No		
Name and A	Address of Current Registered Agent:			
KINES, WILLIA 4831 PHYLLIS				
	E, FL 32254 US			
JACKSONVILL		its registered office or regis	tered agent, or both, in the State of Fi	lorida.
JACKSONVILL	E, FL 32254 US	its registered office or regis	tered agent, or both, in the State of Fi	lorida. 05/01/2017
JACKSONVILL	E, FL 32254 US d entity submits this statement for the purpose of changing	its registered office or regis	tered agent, or both, in the State of Fi	
JACKSONVILL	E, FL 32254 US d entity submits this statement for the purpose of changing E: WILLIAM B KINES Electronic Signature of Registered Agent	its registered office or regis	tered agent, or both, in the State of Fi	05/01/2017
JACKSONVILL	E, FL 32254 US d entity submits this statement for the purpose of changing E: WILLIAM B KINES Electronic Signature of Registered Agent	its registered office or regis	tered agent, or both, in the State of Fi	05/01/2017
JACKSONVILL The above named SIGNATURE Officer/Dire	E, FL 32254 US d entity submits this statement for the purpose of changing E: WILLIAM B KINES Electronic Signature of Registered Agent ctor Detail :			05/01/2017
JACKSONVILL The above named SIGNATURE Officer/Dire Title	E, FL 32254 US d entity submits this statement for the purpose of changing WILLIAM B KINES Electronic Signature of Registered Agent Ctor Detail : P	Title	V	05/01/2017

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P99000069980

Entity Name: S. O. KINES, JR., INC.

Current Principal Place of Business:

4831 PHYLLIS ST.

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: WILLIAM B KINES

PRESIDENT

05/01/2017

Electronic Signature of Signing Officer/Director Detail

FILED May 01, 2017 Secretary of State CC2818829696

Date