

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 138095 (5)

1. Corporation Name  
KIRKLINGTON PARK, INC.



Principal Place of Business  
40 E. BLUE HERON BLVD.  
RIVIERA BEACH FL 33404  
US

Mailing Address  
P O BOX 10357  
RIVIERA BEACH FL 33419

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

GRIFFIN, KARL D  
40 E BLUE HERON BLVD  
RIVIERA BEACH FL 33404

3. Date Incorporated or Qualified 10/28/1939

3a. Date of Last Report 04/28/1995

4. FEI Number 59-0788257

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

10. Name and Address of New Registered Agent

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 607.1506, 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 of Registered Agent (must be signed by the officer or director)

Signature of New Registered Agent (must be signed by the officer or director)

Date

12. OFFICERS AND DIRECTORS

| 12.1                     | 12.2                  | 12.3             | 12.4                            |
|--------------------------|-----------------------|------------------|---------------------------------|
| NAME                     | STREET ADDRESS        | CITY-STATE-ZIP   | <input type="checkbox"/> DELETE |
| PD<br>GRIFFIN, KARL D    | 40 E BLUE HERON BLVD. | RIVIERA BEACH FL | <input type="checkbox"/>        |
| VD<br>GRIFFIN, IRVIN R   | 40 E BLUE HERON BLVD. | RIVIERA BEACH FL | <input type="checkbox"/>        |
| STD<br>GRIFFIN, JEANNE M | 40 E HERON BLVD       | RIVIERA BEACH FL | <input type="checkbox"/>        |
|                          |                       |                  | <input type="checkbox"/>        |
|                          |                       |                  | <input type="checkbox"/>        |
|                          |                       |                  | <input type="checkbox"/>        |
|                          |                       |                  | <input type="checkbox"/>        |
|                          |                       |                  | <input type="checkbox"/>        |
|                          |                       |                  | <input type="checkbox"/>        |
|                          |                       |                  | <input type="checkbox"/>        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 13.1 | 13.2           | 13.3           | 13.4                                                              |
|------|----------------|----------------|-------------------------------------------------------------------|
| NAME | STREET ADDRESS | CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1    |                |                | <input type="checkbox"/>                                          |
| 2    |                |                | <input type="checkbox"/>                                          |
| 3    |                |                | <input type="checkbox"/>                                          |
| 4    |                |                | <input type="checkbox"/>                                          |
| 5    |                |                | <input type="checkbox"/>                                          |
| 6    |                |                | <input type="checkbox"/>                                          |
| 7    |                |                | <input type="checkbox"/>                                          |
| 8    |                |                | <input type="checkbox"/>                                          |
| 9    |                |                | <input type="checkbox"/>                                          |
| 10   |                |                | <input type="checkbox"/>                                          |
| 11   |                |                | <input type="checkbox"/>                                          |
| 12   |                |                | <input type="checkbox"/>                                          |
| 13   |                |                | <input type="checkbox"/>                                          |
| 14   |                |                | <input type="checkbox"/>                                          |
| 15   |                |                | <input type="checkbox"/>                                          |
| 16   |                |                | <input type="checkbox"/>                                          |
| 17   |                |                | <input type="checkbox"/>                                          |
| 18   |                |                | <input type="checkbox"/>                                          |
| 19   |                |                | <input type="checkbox"/>                                          |
| 20   |                |                | <input type="checkbox"/>                                          |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE: *KARL D. GRIFFIN, PRES*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96

(407) 848-6918

CR2E034 (12/95)