

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY -1 PM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 474315 (9)

1. Corporation Name

KINCAID DISTRIBUTING, INC.

Principal Place of Business

**3214 E. U.S. HWY. 92
LAKELAND FL 33801
US**

Mailing Address

**3214 E. US HWY. 92
LAKELAND FL 33801
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/18/1975

3a. Date of Last Report

08/09/1994

4. FEI Number

59-1588741

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

23. City & State

24. Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28. Zip

Country

9. Name and Address of Current Registered Agent

**KINCAID, RAY A.
3214 E. U.S. HWY. 92
LAKELAND FL 33801**

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 607.1508, 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 fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VS**
NAME **KINCAID, DAVID**
STREET ADDRESS **830 E GEORGE ST**
CITY - ST - ZIP **BARTOW, FL 00000**

TITLE **PT**
NAME **KINCAID, RAY A**
STREET ADDRESS **3214 E. US HWY. 92**
CITY - ST - ZIP **LAKELAND FL**

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 **V** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

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

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **S Patsy J. Snively**
3.3 STREET ADDRESS **6500 Eloise Loop Road**
3.4 CITY - ST - ZIP **Winter Haven, FL 33884**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included 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, upon attachment with an address.

SIGNATURE

Ray A. Kincaid, Pres. 4/28/95 813-666-1977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone (Area #)