

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 PM 1:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 570296

(4)

1. Corporation Name

KINEMATICS CORPORATION

Principal Place of Business

**440 BROAD STREET
MASARYKTOWN FL 34609
US**

Mailing Address

**440 BROAD STREET
MASARYKTOWN FL 34609
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/25/1978

3a. Date of Last Report

06/30/1994

4. FEI Number

59-1815340

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

21 410 Broad Street

Suite, Apt. #, etc.

22

City & State

23 Masaryktown, FL

Zip

24 34609

Country

25 Hernando

2a. Mailing Address

26 410 Broad Street

Suite, Apt. #, etc.

27

City & State

28 Masaryktown, FL

Zip

29 34609

Country

30 Hernando

9. Name and Address of Current Registered Agent

**DODSON, LARRY E
283 GRAND AVE
MASARYKTOWN FL 33512**

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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PC**
NAME **DODSON, LARRY E**
STREET ADDRESS **283 GRAND AV**
CITY - ST - ZIP **MASARYKTOWN, FL 00000**

TITLE **ST**
NAME **DISCEPOLO, ESTHER J.**
STREET ADDRESS **2123 HAWTHORNE ROAD**
CITY - ST - ZIP **SPRING HILL 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 ☐ 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

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 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 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 collector or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, if on the attachment with an address.

SIGNATURE

Larry E. Dodson

April 13, 1995

WORK AREA AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Anytime / Every 2)