

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F05537 (8)

1. Corporation Name
KIRILL SUZUKI, INC.

Principal Place of Business
1285 CASSAT AVE
JACKSONVILLE FL 32205

Mailing Address
1285 CASSAT AVE
JACKSONVILLE FL 32205



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/14/1980
3a. Date of Last Report 04/02/1996

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

25

29

30

4. FEI Number 59-2056864
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIRILL, PETER JR.
3827 ORTEGA LAVD.
JACKSONVILLE FL 32210

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME ST SUTHERLIN, STEVE
STREET ADDRESS 921 MASTERS LANE
CITY-ST-ZIP BIRMINGHAM AL

11 TITLE V
12 NAME Chancey, Kenneth L
13 STREET ADDRESS 1801 Lake Edge Dr
14 CITY-ST-ZIP Middleburg, FL 32068

TITLE ☐ DELETE
NAME P KIRILL, PETER JR.
STREET ADDRESS 3827 ORTEGA BLVD.
CITY-ST-ZIP JACKSONVILLE FL

21 TITLE ST
22 NAME Gail Crozier
23 STREET ADDRESS 2016 N. 10th St.
24 CITY-ST-ZIP Jacksonville Beach, FL 32250

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME 100002253061--1
43 STREET ADDRESS -07/30/97--01104--008
44 CITY-ST-ZIP *****165.00 *****165.00

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 (if changed) or on an attachment with an address.

CP2E034 (4/97)