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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # **F58756**

(0)

 Corporation I 	Name .							
KINSEF	R AND BROTHER, INC.							
Principal Place o	of Business	Mailing Address			-	10 QILL BIBII BIBII	I UIVII UIUII	ALBAN ANDNI 1881
C/O DANIEL B. KINSER 3362 S FEDERAL HWY 1 FORT PIERCE FL 34982 US C/O DANIEL B. KINSER 3362 S FEDERAL HWY 1 FORT PIERCE FL 34982 US					3. Date Incorporated or Qualified 3a. Date of Last Report 12/10/1981 03/16/1995			
					12/10/1981	1 03		
2. Principal Plac	ce o' Business	2a. Mailing Address			4. FEI Number		<u> </u>	pplied For
1		26			59-2128758			lot Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		-	Additional lequired
2		27			6. Election Campaign Financing) May Be
City & State		City & State			Trust Fund Contribution			May be I to Fees
3	Country	28 Zin	Countr	·····	8. This corporation has liability for	intangible tax		
Zip	Country	Zip	30	y	Florida Statutes Yes	No No	0.100. 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4	9. Name and Address of Current	29 Peoletered Apent	[30]		10. Name and Address of New I		gent	
. 	9. Name and Address of Current	t Usalista and Wallet		1 Name	10. 11.		•	
			Ľ	1				
	, DAVID A.		8	2 Street Add	ress (P.O. Box Number is Not Acceptal	ble)		
	BLVD., STE. B		8	<u> </u>				
TAMPA	FL 33606-9151		8	3				
			8	4 City			85 Zip	Code
					ration submits this statement for the pu	FL	ـــاــــــــــــــــــــــــــــــــــ	
	n, and accept the obligations of, Secti	on 607.0505, Florida Statuti	es.	rporation's boa	ration submits this statement for the purify of directors. I hereby accept the app		Ü	
SIGNATURE _	Signature, typed or printed name of registered agent	and tilk: if applicable. (1		gent signature require		DATE		
SIGNATURE	Signature, typed or printed name of registered agent	and tilk: if applicable. (1	NOTE: Registered Ac	gent signature require	ed when reinstating)	DATE FICERS AND		
SIGNATURE	Signative, typed or printed name of registered agent OFFICERS AND	and title if applicable. (1	NOTE: Registered Ag	poration's boardent signature require	ed when reinstating)	DATE FICERS AND	DIRECTO	RS IN 12
SIGNATURE	Signal inc. typed or printed name of registered agent OFFICERS AND PD KINSER, DANIEL B.	and title if all photoble g D DIRECTORS DELETE	NOTE: Registered Ag 13. 1.1 TITL 1.2 NAM	poration's boardent signature require	ed when reinstating)	DATE FICERS AND	DIRECTO	RS IN 12
SIGNATURE	PD KINSER, DANIEL B. 3439 SOUTHERN PINES DR.	and title if all photoble g D DIRECTORS DELETE	NOTE: Registered Ag 13. 1.1 TITL 1.2 NAM	gent signature require E E ET ADDRESS	ed when reinstating)	DATE FICERS AND	DIRECTO	RS IN 12
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**. To thereby certify that the information supplied with this rising is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(8). Florida Statutes. 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.

SIGNATURE:

SHATURE AND THE OR PRINTED NAME OF SIGNING OFFICE

DANIEL B KINSER 422/96

4122 96 (401)465-7416