

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 02 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # F93000004748 (0)**

1. Corporation Name  
**L. ROBERT KIMBALL & ASSOCIATES, INC.**



Principal Place of Business  
**615 WEST HIGHLAND AVE. EBENSBURG PA 15931**

Mailing Address  
**615 WEST HIGHLAND AVE. EBENSBURG PA 15931-1048**

2. Principal Place of Business  
 21 [ ] Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 [ ] 25 [ ]

2a. Mailing Address  
 26 [ ] Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 [ ] 30 [ ]

3. Date Incorporated or Qualified  
**10/19/1993**

3a. Date of Last Report  
**05/01/1996**

4. FEI Number  
**25-1672754**

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

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code  
**FL**

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

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>KIMBALL, L. ROBERT</b>	
STREET ADDRESS	<b>615 WEST HIGHLAND AVE.</b>	
CITY - ST - ZIP	<b>EBENSBURG PA</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>KIMBALL, R. JEFFREY</b>	
STREET ADDRESS	<b>615 WEST HIGHLAND AVE.</b>	
CITY - ST - ZIP	<b>EBENSBURG PA</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>MYERS, G. WILLIAM JR.</b>	
STREET ADDRESS	<b>615 WEST HIGHLAND AVE.</b>	
CITY - ST - ZIP	<b>EBENSBURG PA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ANN K BALAZS</b>	
STREET ADDRESS	<b>615 W HIGHLAND AVE</b>	
CITY - ST - ZIP	<b>EBENSBURG PA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CSABA S. BALAZS</b>	
STREET ADDRESS	<b>615 E HIGHLAND AVE</b>	
CITY - ST - ZIP	<b>EBENSBURG PA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHN R KIMBALL</b>	
STREET ADDRESS	<b>615 W HIGHLAND AVE</b>	
CITY - ST - ZIP	<b>EBENSBURG PA</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: **Sandra B. Mortham** DATE: **3-26-97** DAYTIME PHONE #: **(814) 412-7700**

CR2E034 (9/96)