FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000003148 (3)**

1. Corporation Name

KIRK BROS. TRANSFER CO., INC.

Principal Place of Business	Mailing Address
11066 SE 92ND CT. LOT 2 BELLEVIEW FL 34420	P.O. BOX 1809 SILVER SPRINGS FL 34489-1809

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/15/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 61-1136009 ☐ 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

KIRK, NELLAVINE
4101 NE 35TH ST
OCALA FL 34479

10. Name and Address of New Registered Agent

81 Name: Nellavine Kirk
82 Street Address (P.O. Box Number is Not Acceptable): 11066 SE 92nd Ct.
83: Lot 2
84 City: Belleview **FL** 85 Zip Code: 34420

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: Nellavine Kirk — 4/19/95 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	1.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	KIRK, NELLAVINE	1.2 NAME	Kirk, Nellavine	
STREET ADDRESS	4101 NE 35TH ST	1.3 STREET ADDRESS	11066 SE 92nd Ct.	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	Belleview, FL 34420	
TITLE	S	2.1 TITLE	Co. President	☒ Change ☐ Addition
NAME	KIRK, JAY D II	2.2 NAME	Kirk, J.D. II	
STREET ADDRESS	4101 NE 35TH ST	2.3 STREET ADDRESS	11066 SE 92nd Ct.	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	Belleview, FL 34420	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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: Nellavine Kirk — 4/19/95 Date — (904) 347-4276 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0468100 FP