FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000003043 (5)**

1. Corporate Name

WILLIAM KIMBERLEY DEVELOPMENT CORPORATION

Mailing Address

PO BOX 786
MARCO ISLAND FL 33969

Mailing Address

PO BOX 786
MARCO ISLAND FL 33969

3. Date Incorporated or Qualified: **06/23/1995**

3a. Date of Last Report:

4. FEI Number: **42-1119589**

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

2. Principal Place of Business

21

Street Address

22

City, State

23

City | Country
24 | 25

2a. Mailing Address

26

Street Address

27

City, State

28

Zip | Country
29 | 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GREUSEL, JAMIE B
1104 NORTH COLLIER BLVD.
MARCO ISLAND FL 33937

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 Section 607.0505, 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

Name of Person Authorized to Act as Agent | Date

12. OFFICERS AND DIRECTORS

CPTD ☐ DELETE
KIMBERLEY, WILLIAM B
355 HENDERSON COURT
MARCO ISLAND FL 33969

CVS ☐ DELETE
KIMBERLEY, SHANNON M
355 HENDERSON COURT
MARCO ISLAND FL 33969

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 of this report or is added by separate notice to corporations.

SIGNATURE: William B. Kimberley, President 1/22/96 941-642-3663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone Number

CR2E034 (12/95)