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Feb 20 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 # F95000005708 (1)

1. Corporation Name

KINSMANN VENTURES INCORPORATED



Principal Place of Business

Mailing Address

% THOMAS C. ROBERGE, CPA  
ONE BEACH DR SE, STE 220  
ST PETERSBURG FL 33701

% THOMAS C. ROBERGE, CPA  
ONE BEACH DR SE, STE 220  
ST PETERSBURG FL 33701-3952

3. Date Incorporated or Qualified

11/20/1995

3a. Date of Last Report

03/14/1996

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

APPLIED FOR 98-0156945

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

ROBERGE, THOMAS C CPA  
ONE BEACH DRIVE SE, SUITE 220  
ST. PETERSBURG FL 33701

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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP  
NAME HAWKINS, CLARENCE  
STREET ADDRESS ONE BECH DR SE, STE 220  
CITY-ST-ZIP ST PETERSBURG FL 33701

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE CV  
NAME PEINEMANN, PETER  
STREET ADDRESS ONE BECH DR SE, STE 220  
CITY-ST-ZIP ST PETERSBURG FL 33701

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DS  
NAME PEINEMANN, LINDA MARY  
STREET ADDRESS ONE BECH DR SE, STE 220  
CITY-ST-ZIP ST PETERSBURG FL 33701

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DT  
NAME HAWKINS, BARBARA  
STREET ADDRESS ONE BECH DR SE, STE 220  
CITY-ST-ZIP ST PETERSBURG FL 33701

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES

3rd Feb 97

813 822-9393

Date

Daytime Phone #

CR2E034 (9/96)