

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

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000005587**
1. Corporation Name

Kinsey Industrial Technology

Principal Place of Business

Mailing Address

FILED
97 SEP 16 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21	Jacksonville Fl	26	5640 Timuquana Rd.	59-3328837			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22	Suite 5 & 6	27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23	Jacksonville, Fl	28					
24	Zip 32210	29	Country USA				
		30					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Wayne Kinsey (KIT)
5640 Timuquana Road Suite 5 & 6
Jacksonville, Fl 32210

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 *M. Wayne Kinsey*
Signature, typed or printed name of registered agent, and date if applicable

M. Wayne Kinsey
(NOTE: Registered Agent signature required when reinstating)

9-8-97
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ernie Micciche	1.2 NAME	
STREET ADDRESS	509 Rt.168	1.3 STREET ADDRESS	600002298566--1
CITY-ST-ZIP	Turnersville, NJ 08012	1.4 CITY-ST-ZIP	-09/19/97--01109--018
TITLE	Chief Operating Officer <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arnold Bluth	2.2 NAME	
STREET ADDRESS	509 Rt.168	2.3 STREET ADDRESS	****165.00 ****165.00
CITY-ST-ZIP	Turnersville, NJ 08012	2.4 CITY-ST-ZIP	
TITLE	Vice President-Treasurer <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marc Orsimarsi	3.2 NAME	
STREET ADDRESS	509 Rt.168	3.3 STREET ADDRESS	
CITY-ST-ZIP	Turnersville, NJ 08012	3.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wayne Kinsey	4.2 NAME	
STREET ADDRESS	5640 Timuquana Road Suite 5	4.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, Fl 32210	4.4 CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jennifer Raines	5.2 NAME	
STREET ADDRESS	509 Rt.168	5.3 STREET ADDRESS	
CITY-ST-ZIP	Turnersville, NJ 08012	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *M. Wayne Kinsey* *M. Wayne Kinsey* **9-8-97** **904(772-0001)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)



KINSEY INDUSTRIAL TECHNOLOGY, INC.

5640 Timuquana Rd
Jacksonville, Florida 32210
(904) 772-0001 • 1-888-880-8089 • Fax: (904) 771-0702

To whom it may concern:

In accordance to our conversation on August 27, 1997 I am including this letter to explain that the annual report form was sent to New York and I never received it. Now I am filing a new report with the fee of 165.00. The chiceck is enclosed. If you have any questions concerning this matter please feel free to contact me anytime at 904-772-0001.

Best Regards,
Wayne Kinsey
Wayne Kinsey
Vice-President