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FILED  
Mar 19 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 # H13309

(0)

1. Corporation Name

J. P. KRUMBEIN ASSOCIATES, INC.

Principal Place of Business

8700 MEADOWBROOK DR.  
PENSACOLA FL 32514  
US

Mailing Address

8700 MEADOWBROOK DR.  
PENSACOLA FL 32514-5627  
US



3. Date Incorporated or Qualified

07/20/1984

3a. Date of Last Report

04/12/1996

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

g. Name and Address of Current Registered Agent

KRUMBEIN, J.P.  
8700 MEADOWBROOK DRIVE  
PENSACOLA FL 32514

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2438822

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

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 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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME

12.2 STREET ADDRESS

12.3 CITY-STATE-ZIP

12.4 TITLE

12.5 NAME

12.6 STREET ADDRESS

12.7 CITY-STATE-ZIP

12.8 TITLE

12.9 NAME

12.10 STREET ADDRESS

12.11 CITY-STATE-ZIP

12.12 TITLE

12.13 NAME

12.14 STREET ADDRESS

12.15 CITY-STATE-ZIP

12.16 TITLE

12.17 NAME

12.18 STREET ADDRESS

12.19 CITY-STATE-ZIP

12.20 TITLE

12.21 NAME

12.22 STREET ADDRESS

12.23 CITY-STATE-ZIP

12.24 TITLE

12.25 NAME

12.26 STREET ADDRESS

12.27 CITY-STATE-ZIP

12.28 TITLE

12.29 NAME

12.30 STREET ADDRESS

12.31 CITY-STATE-ZIP

12.32 TITLE

12.33 NAME

12.34 STREET ADDRESS

12.35 CITY-STATE-ZIP

12.36 TITLE

12.37 NAME

12.38 STREET ADDRESS

12.39 CITY-STATE-ZIP

12.40 TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-STATE-ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-STATE-ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-STATE-ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-STATE-ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-STATE-ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-STATE-ZIP

13.25 TITLE

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY-STATE-ZIP

13.29 TITLE

13.30 NAME

13.31 STREET ADDRESS

13.32 CITY-STATE-ZIP

13.33 TITLE

13.34 NAME

13.35 STREET ADDRESS

13.36 CITY-STATE-ZIP

13.37 TITLE

13.38 NAME

13.39 STREET ADDRESS

13.40 CITY-STATE-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 included 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:

Jacob P. Krumbein, President  
JACOB P. KRUMBEIN

15 MARCH 97 904/477-0388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (9/96)