

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

FILED

May 15 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 # H25461 (5)

1. Corporation Name  
KINCHEN & SON, INC.

Principal Place of Business

2403 W. MCGEE RD.  
P.O. BOX 1508 (33564)  
PLANT CITY FL 33565

Mailing Address

2403 W. MCGEE RD.  
P.O. BOX 1508 (33564)  
PLANT CITY FL 33565-5151



2. Principal Place of Business  
21 75912 HWY 1053  
Suite, Apt. #, etc.  
22  
City & State  
23 KENTWOOD LA  
Zip  
24 70444 Country  
25 USA

2a. Mailing Address  
26 75912 HWY 1053  
Suite, Apt. #, etc.  
27  
City & State  
28 KENTWOOD LA  
Zip  
29 70444 Country  
30 USA

3. Date Incorporated or Qualified  
10/15/1984

3a. Date of Last Report  
05/01/1996

4. FEI Number  
59-2469057

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

REDMAN, JAMES L.  
121 NORTH COLLINS STREET  
PLANT CITY FL 33566

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 signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDMAN, JAMES L.	1.2 NAME	
STREET ADDRESS	121 NORTH COLLINS STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	
TITLE	PTD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINCHEN, HENRY	2.2 NAME	
STREET ADDRESS	2403 W. MCGEE ROAD	2.3 STREET ADDRESS	75912 HIGHWAY 1053
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	KENTWOOD LA 70444
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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: Henry Kinchen HENRY KINCHEN 4-30-97-504 229 5070  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)