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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name H25461

(5)

KINCHEN & SON, INC.

FILED

May 12 1998 8:00am

Secretary of State

| | | | | | | | IZ MANTI MINI MINIK PINA KANT | |
|---|-------------|---|---------------------|----------------|--|---|-----------------------------------|--|
| rincipal Place | of Business | Mailing Addross | | | *** | | | |
| 75912 HWY 1053 KENTWOOD LA 70444 US | | 75912 HWY 1053 KENTWOOD LA 70444 US | | | | DO NOT WRITE IN THIS | SPACE | |
| | | • | | | | 3. Date Incorporated or Qualified 10/15/1984 | | |
| Principal Place of Business | | 2a. | 2a. Mailing Address | | | 4. FEI Number | Applied For | |
| | | [26] | | | | 59-2469057 | Not Applicable | |
| Suite, Apt. #, etc. | | 27 | Suite Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & Slate | | 28 | City & State | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip | Country 25 | 29 | 3 (μ) | Countr | 1 | This corporation owes or has paid the cu Personal Property Tax due June 30. | rrent year Intangible Yes ANo | |
| g. Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered Agent | | | |
| 121 NORTH COLLINS STREET PLANT CITY FL 33586 | | | | 81 82 83 | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | | ! | | | |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this

City

| 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 Storature, typod or printed name of registered agent and local applicable (NOTE Registered Agent signature required when reinstating) DATE DATE | | | | | | | | | | | |
| 12. | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | | | |
| TITLE | D | DELETE | 13. | Change | 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 C(TY-S) - Z(P | | | | | | | | |
| TITLE | PTD | DELETE | 2.1 TITLE | Change | Addition | | | | | | |
| NAME | KINCHEN, HENRY | | 2.2 NAME | | | | | | | | |
| STREET ADDRESS | 75912 HWY 1053 | | 2.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | KENTWOOD LA | | 2. 4 CITY - ST - ZIP | | | | | | | | |
| TITLE | | DELETE | 3 1 TITLE | Change | Addition | | | | | | |
| NAME | | | 3.2 NAME | | 1 | | | | | | |
| STREET ADDRESS | | | 3 3 STHEET ADDRESS | | İ | | | | | | |
| CITY-ST-ZIP | | | 3 4. C/TY - ST - Z/P | | | | | | | | |
| TITLE | | ☐ DELFTE | 41 TITLE | Change | Addition | | | | | | |
| NAME | | | 4. 2 NAME | | İ | | | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZIP | | | | | | | | |
| TITLE | | DELETE | 5 1 TITLE | ☐ Change | Addition | | | | | | |
| NAME | | | 5.2 NAME | | | | | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | | 5.4 CITY - S1 - ZIP | | | | | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change | ☐ Addition | | | | | | |
| NAME | | | 6.2 NAME | | | | | | | | |
| STREET ADDRESS | • | | 6.3 STREET ADDRESS | | | | | | | | |

14. Thereby 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. HENRY S. KNOKN

Zip Code