FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUN 27 PM 4:12

DOCUMENT # **H63369** **(3)**

1. Corporation Name
KIMBALL CONCEPTS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1275 BENNETT DRIVE 106 LONGWOOD FL 32750 US	1275 BENNETT DRIVE 106 LONGWOOD FL 32750 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1985	3a. Date of Last Report: 01/26/1994
4. FEI Number: 59-2576062	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 975 Explorer Cove	26 975 Explorer Cove
Suite, Apt. #, etc. 22 102	Suite, Apt. #, etc. 27 102
City & State 23 Altamonte Springs Fl	City & State 28 Altamonte Springs, Fl
Zip / Country 24 32701 25 Seminole	Zip / Country 29 32701 30 Seminole

9. Name and Address of Current Registered Agent

GARRETT, MICHAEL D.
2330W LK.BRANTLEY DR.
LONGWOOD FL 32779

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 605.0502 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: Michael D. Garrett President Michael D. Garrett DATE: 1/11/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	GARRETT, MICHAEL D.	1.2 NAME	
STREET ADDRESS	2330W LK.BRANTLEY DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	KIMBALL, SCOTT G.	2.2 NAME	
STREET ADDRESS	361 E CHILTON DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHANDLER AZ	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	CRYOCKI, JOHN M.	3.2 NAME	
STREET ADDRESS	2121 TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	☐ Change ☐ Addition
NAME	GARRETT, CATHY C.	4.2 NAME	
STREET ADDRESS	2330W LK.BRANTLEY DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Sec. 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: Michael D. Garrett Michael D. Garrett President 1/11/95
(SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR) (Date) (Daytime Phone Number)

407-339-5512

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