

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

**FILED**  
**Apr 01 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J27311 (6)**  
 1. Corporation Name  
**KIMO ENTERPRISES, INC.**



Principal Place of Business <b>6001-27 ARGYLE FOREST BLVD.                  BOX 51                  JACKSONVILLE FL 32244                  US</b>	Mailing Address <b>6001-27 ARGYLE FOREST BLVD.                  BOX 51                  JACKSONVILLE FL 32244                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>6001-4 Youngermen Cir</b> Suite, Apt. #, etc. 22 City & State 23 <b>JACKSONVILLE FL.</b> Zip 24 <b>32244</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>1177 PARK AVE</b> Suite, Apt. #, etc. 27 <b>SUITE 5</b> City & State 28 <b>ORANGE PARK FL</b> Zip 29 <b>32073</b> Country 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>08/05/1986</b>	4. FEI Number <b>59-2710207</b> Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**RUST, KIRK E.  
 6001-27 ARGYLE FOREST BLVD  
 BOX 51  
 JACKSONVILLE FL 32244**

10. Name and Address of New Registered Agent  
 81 Name **RUST, KIRK E**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1177 PARK AVE**  
 83 **SUITE 5**  
 84 City **ORANGE PARK** FL 85 Zip Code **32073**

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDTS RUST, KIRK E. 6001-27 ARGYLE FOREST BLVD #51 JACKSONVILLE FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PDTS RUST, KIRK E 1177 PARK AVE SUITE 5 ORANGE PARK FL 32073</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: *Kirk E. Rust* **2-11-98 (904) 71-6482**

CF2E034 (10/97)