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95 MAY -1 AM 7:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # J47998

(6)

1. Corporation Name

KINCO, INC.

Principal Place of Business

**P O BOX 56
ENGLEWOOD FL 34295-7056**

Mailing Address

**P O BOX 56
ENGLEWOOD FL 34295-7056**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1986

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2747202

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 identity for purposes of the Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23

28

Zip

County

Zip

County

24

25

29

30

9. Name and Address of Current Registered Agent

**KINN, JAMES D.
1443 QUAIL LAKE DR
VENICE FL 34293**

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

(Signature of person who signed this statement and who is the registered agent or the president of the corporation)

(Signature of Registered Agent or person who signed this statement)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KINN, JAMES D.
STREET ADDRESS	1443 QUAIL LAKE DR
CITY, ST, ZIP	VENICE FL
TITLE	V
NAME	WOODRUFF, TOM
STREET ADDRESS	179 HORTON AVE E.
CITY, ST, ZIP	ENGLEWOOD FL
TITLE	S
NAME	KINN, JEANNE M.
STREET ADDRESS	1443 QUAIL LAKE DR.
CITY, ST, ZIP	VENICE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 Section 119.07(1)(b), Florida Statutes. I further certify that the information contained 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:

James D. Kinn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES D. KINN

813-475-2755
(Tallahassee, FL)