

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J47998** (6)

1. Corporation Name

KINNCO, INC.

Principal Place of Business

Mailing Address

P O BOX 56
ENGLEWOOD FL 34295-7056

P O BOX 56
ENGLEWOOD FL 34295-7056



2. Principal Place of Business

2a. Mailing Address

21 **1443 QUAIL LAKE DR**

26 **1443 QUAIL LAKE DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **VENICE FL**

28 **VENICE, FL**

Zip

Zip

24 **34293**

25 **SARASOTA**

29 **34293**

30 **SARASOTA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

12/19/1986

05/01/1995

4. FEI Number

Applied For

59-2747202

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

10. Name and Address of New Registered Agent

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

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 *James D. Kinn*

(If the Registered Agent signature is required when registering)

Jan 23 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	KINN, JAMES D.	
STREET ADDRESS	1443 QUAIL LAKE DR	
CITY-STATE-ZIP	VENICE FL	
TITLE	V	☒ DELETE
NAME	WOODRUFF, TOM	
STREET ADDRESS	179 HORTON AVE E.	
CITY-STATE-ZIP	ENGLEWOOD FL	
TITLE	S	☐ DELETE
NAME	KINN, JEANNE M.	
STREET ADDRESS	1443 QUAIL LAKE DR.	
CITY-STATE-ZIP	VENICE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-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-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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(3)(k), 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: *James D. Kinn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96

941-497-7415
Daytime Phone #

CR2E034 (12/95)