

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J47998** (6)
1. Corporation Name
KINNCO, INC.

Principal Place of Business
**1443 QUAIL LAKE DRIVE
VENICE FL 34293
US**

Mailing Address
**1443 QUAIL LAKE DRIVE
VENICE FL 34293
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/19/1986	
21	Suite, Apt. #, etc.	26	P.O. Box 178	4. FEI Number 59-2747202	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	ENGLEWOOD, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	34293	30	SARASOTA
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**KINN, JAMES D.
1443 QUAIL LAKE DRI
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

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	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINN, JAMES D.	1.2 NAME	
STREET ADDRESS	1443 QUAIL LAKE DR	1.3 STREET ADDRESS	NIA: POST OFFICE Box 178
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	ENGLEWOOD, FL 34293
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINN, JEANNE M.	2.2 NAME	
STREET ADDRESS	1443 QUAIL LAKE DR.	2.3 STREET ADDRESS	NIA: POST OFFICE Box 178
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	ENGLEWOOD, FL 34293
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	FRANK J. KINN
STREET ADDRESS		3.3 STREET ADDRESS	NIA: P.O. Box 178
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ENGLEWOOD, FL 34293
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: **James D. Kinn** President **4/21/98**

CR2E034 (10/97)