

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90047 027 ***150.00

DOCUMENT # J47998

1. Corporation Name

KINNCO, INC.

Principal Place of Business

1445 QUAIL LAKE DRIVE
VENICE FL 34293
US

Mailing Address

P O BOX 178
ENGLEWOOD FL 34295
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1986

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 126 SHAMROCK BLVD

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23

VENICE FL

28

Zip

Country

Zip

Country

24

34293

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KINN, JAMES D.

1445 QUAIL LAKE DRIVE
VENICE FL 34293

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

126 SHAMROCK BLVD

83

84

VENICE

FL

85 Zip Code

34293

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]

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME DP
KINN, JAMES D.
STREET ADDRESS P O BOX 178 N/A
CITY-ST-ZIP ENGLEWOOD FL 34295

TITLE ☐ DELETE

NAME X
KINN, JEANNE M.
STREET ADDRESS P O BOX 178 N/A
CITY-ST-ZIP ENGLEWOOD FL 34295

TITLE ☐ DELETE

NAME S
KINN, FRANN J
STREET ADDRESS P O BOX 178 N/A
CITY-ST-ZIP ENGLEWOOD FL 34295

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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, with all other like empowered.

SIGNATURE

[Signature] KINN, JAMES D. PRESIDENT

4/7/99

Date

Daytime Phone #

CR2E034 (11/98)