

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

| | | | |
|--|--|--|--|
| CORPORATION ANNUAL REPORT 1994-5 | | FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS | |
| 1. Corporation Name KIRWIN, INC. | | DOCUMENT # J56785 (5) | |

| | | | |
|--|--|--|--|
| Mailing Address % WILLIAM K. KIRWIN 2255 SOUTH RIVER ROAD MELBOURNE BEACH FL 32951 | | Principal Place of Business % WILLIAM K. KIRWIN 2255 SOUTH RIVER ROAD MELBOURNE BEACH FL 32951 | |
|--|--|--|--|

If above addresses are incorrect in any way, file through incorrect information and enter correction below

| | |
|-----------------------|---------------------------------|
| 2. Mailing Address | 2a. Principal Place of Business |
| 21 Suite, Apt. #, etc | 26 Suite, Apt. #, etc |
| 23 City & State | 28 City & State |
| 24 Zip | 29 Zip |
| 25 Country | 30 Country |

| | |
|--|---|
| 3. Date incorporated or Qualified 02/09/1987 | 3a. Date of Last Report 05/01/1993 |
| 4. FEI Number 59-2875833 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/> | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |
| 7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**KIRWIN, PAMELA BRANDLI
2255 SOUTH RIVER ROAD
MELBOURNE BEACH FL 32951**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name WILLIAM K. KIRWIN |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 2255 S. RIVER RD. |
| 84 City MELBOURNE BCH. FL 85 Zip Code 32951 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 change and am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE: *William K. Kirwin* DATE: **4/28/95**

12. OFFICERS AND DIRECTORS

| | |
|-------------------|------------------------------|
| 11 TITLE | P/D |
| 12 NAME | KIRWIN, WILLIAM K. |
| 13 STREET ADDRESS | 2255 SOUTH RIVER ROAD |
| 14 CITY, ST, ZIP | MELBOURNE BEACH FL |
| 21 TITLE | |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY, ST, ZIP | |
| 31 TITLE | |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY, ST, ZIP | |
| 41 TITLE | |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY, ST, ZIP | |
| 51 TITLE | |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY, ST, ZIP | |
| 61 TITLE | |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY, ST, ZIP | |

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|-------------------------------------|
| 11 TITLE | PRES. |
| 12 NAME | WILLIAM K. KIRWIN |
| 13 STREET ADDRESS | 2255 S. RIVER RD. |
| 14 CITY, ST, ZIP | MELBOURNE BEACH FL 32951 |
| 21 TITLE | |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY, ST, ZIP | |
| 31 TITLE | |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY, ST, ZIP | |
| 41 TITLE | |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY, ST, ZIP | |
| 51 TITLE | |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY, ST, ZIP | |
| 61 TITLE | |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY, ST, ZIP | |

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information included 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 have fulfilled all obligations concerning a claimant properly imposed by Chapter 717, Florida Statutes, 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William K. Kirwin* DATE: **4/28/95** 407-729-0373

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR