

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K07332

(5)

1. Corporation Name

M.W. KICKLIGHTER CO.

FILED

1995 AUG -3 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address	
* B. E. KICKLIGHTER 112 MADISON AVENUE DAYTONA BEACH FL 32114		* B. E. KICKLIGHTER 112 MADISON AVENUE DAYTONA BEACH FL 32114	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30
3. Date Incorporated or Qualified		3a. Date of Last Report	
12/16/1987		08/10/1994	
4. FEI Number		Applied For	
59-2864753		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
☐		☐	
6. Election Campaign Financing		\$5.00 May Be Added to Fees	
Trust Fund Contribution		☐	
8. This corporation has liability for intangible tax under S. 198 (1992 Florida Statutes)		☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KICKLIGHTER, B. E.
112 MADISON AVENUE
DAYTONA BEACH FL 32014

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 607.1608, 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	KICKLIGHTER, M.W.	1.2 NAME	
STREET ADDRESS	112 MADISON AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	KICKLIGHTER, B.E.	2.2 NAME	
STREET ADDRESS	112 MADISON AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL	2.4 CITY - ST - ZIP	
TITLE	VPD	3.1 TITLE	☐ Change ☐ Addition
NAME	KICKLIGHTER, R.W.	3.2 NAME	
STREET ADDRESS	112 MADISON AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 19.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

B.E. Kicklighter (B.E. Kicklighter)

8/1/95

904-253-8141