

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # K20753 (5)

1. Corporation Name

A.A. KINDER COMPANY, INC.



Principal Place of Business

Mailing Address

6950 EDGEWATER DRIVE  
SUITE 200  
ORLANDO FL 32810  
US

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SUITE 200  
ORLANDO FL 32810  
US

3. Date Incorporated or Qualified  
04/12/1988

3a. Date of Last Report  
08/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1027 Royal Oaks Dr

26 P.O. Box 608533

4. FEI Number

59-2886269

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

City & State

23 Apopka, FL

City & State

28 Orlando, FL

Zip

24 32703

Country

25 Orange

Zip

29 32860

Country

30 Orange

9. Name and Address of Current Registered Agent

BOONE, MARGARET  
6950 EDGEWATER DRIVE, SUITE 200  
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name  
Boone, Margaret  
82 Street Address (P.O. Box Number is Not Acceptable)  
1513 Hillway Rd  
83  
84 City  
Apopka  
85 Zip Code  
FL 32703

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	BOONE, ROBERT L., JR	1513 HILLWAY AVE	APOPKA FL	<input type="checkbox"/>
T	BOONE, MARGARET S.	1513 HILLWAY AVE	APOPKA FL	<input type="checkbox"/>
VS	ZIELONKA, DEBRA J.	1027 ROYAL OAKS DR	APOPKA FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/96

407-889-2326

Date

Telephone #

CR2E034 (3/96)