FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 21 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K91257** **(1)**

1. Corporation Name
KINKAID ENTERPRISES, INC.

Principal Place of Business
1 HARBOURSIDE DR
STE 4104
DELRAY BEACH FL 33403

Mailing Address
1 HARBOURSIDE DR
STE 4104
DELRAY BEACH FL 33403

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/26/1989
3a. Date of Last Report: 05/17/1994

2. Principal Place of Business
21 1 HARBOURSIDE DRIVE
Suite, Apt. #, etc.
22 SUITE 4104
City & State
23 DELRAY BEACH
Zip 24 33483 Country 25 PALM BEACH

2a. Mailing Address
26 1 HARBOURSIDE DRIVE
Suite, Apt. #, etc.
27 SUITE 4104
City & State
28 DELRAY BEACH FL
Zip 29 33483 Country 30 PALM BEACH

4. FEI Number: 59-2958552 — 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

9. Name and Address of Current Registered Agent
KINKAID, DAVID R.
1 HARBOURSIDE DR
STE 4104
DELRAY BCH FL 33483

10. Name and Address of New Registered Agent
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 David R. K. [signature] — 4-17-95 [signature]
Signature, typed or printed name of registered agent (if not, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	KINKAID, DAVID R.	1.2 NAME	
STREET ADDRESS	1 HARBOURSIDE DR 4104	1.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL 33483	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David R. Kinkaid, DAVID R. KINKAID — 4-17-95 — (407) 278-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Area Code) Telephone #
PRESIDENT

0877104 CP