FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **L19059** **(9)**

1. Corporation Name

KIMBLE ELECTRIC COMPANY, INC.

Principal Place of Business

C/O JACK H. KIMBLE
266B N. YONGE STREET
ORMOND BEACH FL 32174

Mailing Address

C/O KIMBLE. JACK. H.
266B N. YONGE STREET
ORMOND BEACH FL 32174
US

3. Date Incorporated or Qualified: 09/28/1989

3a. Date of Last Report: 02/03/1995

4. FEI Number: 59-2971521 — 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

2. Principal Place of Business

21 266 B N Yonge ST — Suite, Apt. #, etc.
22 Ormond Bch, Fla — City & State
23
24 32174 — Zip
25 Volusia — Country

2a. Mailing Address

26 266B N Yonge ST — Suite, Apt. #, etc.
27 Ormond Beach — City & State
28 Fla
29 32174 — Zip
30 Volusia — Country

9. Name and Address of Current Registered Agent

KIMBLE, JACK H
~~150 LINEWOOD PLACE~~
~~UNIT 4~~
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 716 Garden Lane
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 _____ (Signature, typed or printed name of Registered Agent and the capacity in which he is signing) (NOTE: Registered Agent signature required when name is being) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	KIMBLE, JACK H.	
STREET ADDRESS	266B N YOUNGE ST	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	VP	☐ DELETE
NAME	KIMBLE, DANIEL	
STREET ADDRESS	266B N YONGE ST	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: Jack Kimble 2-13-96 904-672-2588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #