

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L32977 (5)**

1. Corporation Name

KIRBY BROTHERS ENTERPRISES, INC.



Principal Place of Business

Mailing Address

1380 W. BAYA AVE.
P.O. BOX 567
LAKE CITY FL 32055
US

1501 N. TEXAS ST.
P.O. BOX 567
LAKE CITY FL 32056

3. Date Incorporated or Qualified **11/28/1989** 3a. Date of Last Report **04/11/1995**

2. Principal Place of Business

2a. Mailing Address

21 26 **1380 W. Baya Ave.**

4. FEI Number **59-2978298** Applied For Not Applicable

Suite, Apt. #, etc:

Suite, Apt. #, etc:

22 27 **P. O. Box 567**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State

City & State

23 28 **Lake City, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 25 29 **32056** 30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KIRBY, GARLAND
1501 N TEXAS ST
LAKE CITY FL**

81 Name **Kirby, Garland**
82 Street Address (P.O. Box Number is Not Acceptable) **1380 W. Baya Ave.**
83
84 City **Lake City** FL 85 Zip Code **32025**

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. Thereby, accept the appointment as registered agent, I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the individual who is changing the corporation's registered office or registered agent, or both.

Signature of the New Registered Agent, if applicable.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KIRBY, GARLAND	
STREET ADDRESS	1380 W. BAYA AVE.	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KIRBY, FLETCHER	
STREET ADDRESS	1380 W. BAYA AVE.	
CITY-ST-ZIP	LAKE CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

SIGNATURE:

Garland Kirby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Garland Kirby

4-9-96

904-752-4606

CR2E034 (12/95)