PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90062 021 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L32977

1. Corporation Name

KIRBY BROTHERS ENTERPRISES, INC.

Name and Address of Current Registered Agent Street Address (P.O. Box Name and Address of Sections 607 0502 and 607 1506, Florida Statutes, the above-named corporation submits this statument for the purpose of changing its registered signature of the purpose of changing its registered signature with, and accept the obligations of the obligat							
P.O. BOX 597	Principal Place of Business Mailing Address						
LAKE CITY FL 32055 US 17.88/1989 2. Principal Place of Business 2. Relating Address 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Principal Place of Business 2. Suite, Apt. #, etc. 3. Date incorporated or Qualified 11/28/1989 3. Date incorporated or Qualified 11/28/1989 3. Per North Status 3. Date incorporated or Qualified 11/28/1989 3. Per North Status 3. Date incorporated or Qualified 11/28/1989 3. Per North Status 3. Date incorporated or Qualified 11/28/1989 3. Per North Status 3. Date incorporated or Qualified 3. Suite, Apt. #, etc. 3. County 5. Suite, Apt. #, etc. 3. County 6. Election Campaign Francing 4. Election Campaign Fr							
US 1.7/28/1099 2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 3. A FEI Humber 4. FEI Humber 5. Certificate of Status Desired 5. Services 5. Certificate of Status Desired 5. Services 5. Certificate of Status Desired 5. Des	1					DO NOT WRITE IN 3	THIS SDACE
11/28/1989	US	02000				900-0	ITIO STACE
2. Principal Place of Business 2a. Maling Address 4. FEI Number Applicable for 156 Suite, Apt. #, etc. 25 Suite, Apt. #, etc. 5. Certificate of Satus Desired Fer Required Fer Requir	}		•			· ·	
Sulfe, Apt. #, etc. Sulfe, Apt. #, etc.	2. Principal F	Place of Business	2a Mailing Address				Applied For
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City & State				tradition to the state of the s		39 2970290	
City & State City & State City & State 28 28 28 28 29 Country 21p Country 22p Country	22		 	h		5. Certifcate of Status Desired	•
23 27 27 27 27 27 27 27		te				& Election Compaign Financing	
Zip Country Zip Country 2 S. This corporation owes the current year Intangible Personal Property Tax.	<u>├</u> ¬ '		<u>├</u> ¬ '	¬ '		1	
Section Sect		Country		Countr	у		
S. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	24	25	29	30	•		
KIRBY, GARLAND 1380 W BAYA AVE LAKE CITY FL 32025 82 Street Address (P.O. Box Number is Not Acceptable) 83 Salar Salar				,,,,			
1380 W BAYA AVE LAKE CITY FL 32025 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City				8	Name		
LAKE CITY FL 32025 84 City	KIRE	BY, GARLAND					
Addition 14. 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 sold by the corporation's board of directors. I hereby accept the appointment as registered Statutes. SIGNATURE Bignature, typed or primer name of engitered agent and time # appointment as registered Statutes. (NOTE: Registered Agent agrature required when reinstaling): DATE 12. OFFICERS AND DIRECTORS IN 12 TITLE PD				82 Street Add		ess (P.O. Box Number is Not Acceptable)	
### Addition #### Addition ### Addition #### Addition #### Addition	Laki	E CITY FL 32025	•	8:	1	·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
.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 diffice or registered againt, 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 againt, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hyped or printer name of registered againt and title if applicable. P.D. Change Addition		•				Land the transfer of the said the	
SIGNATURE Signature, hyped or projectered agend and the if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE				84	City	A SECTION OF THE SECT	Zip Code
SIGNATURE Signature, hyped or projectered agend and the if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE	11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statu	tes, the abov	e-named corpo	pration submits this statement for the purpos	e of changing its registered
SIGNATURE Signature, hyped or projectered agend and the if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE	office or r	registered agent, or both, in the Sta im familiar with, and accept the ob-	ate of Florida. Such change was a ligations of Section 607 0505. Fir	uthorized by	the corporation	n's board of directors. I hereby accept the a	opointment as registered
Signature, typed or printed name of registered agent and tile if applicable. (NOTE: Registeried Agent signature required when reinstaking) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD	1			maa otatato	.		,
TITLE	SIGNATURE			: Registered Age	nt signature required	when reinstating) DATE	<u> </u>
TITLE	12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
1380 W. BAYA AVE. 13 STREET ADDRESS LAKE CITY FL	TITLE	PD	☐ DELETE	1.1 TITLE			
LAKE CITY FL	NAME	KIRBY, GARLAND		1.2 NAME			
TITLE VPD	STREET ADDRESS	1380 W. BAYA AVE.		1.3 STREE	T ADDRESS		
TITLE VPD	CITY-ST-ZIP	LAKE CITY FL		1.4 CITY+	ST-ZIP		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP