

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90036 003 ***158.75

DOCUMENT # L44136

1. Entity Name

KINCO, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 6429
 JACKSONVILLE FL 32236-6429

POST OFFICE BOX 6429
 JACKSONVILLE FL 32236-6429

2. Principal Place of Business

3. Mailing Address

5245 OLD KINGS RD., N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE, FL

Zip

32254

Country

DUVAL

Zip

Country

4. FEI Number

62-1417716

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KING, ROBERT F
2811 SPANISH COVE TRAIL
JACKSONVILLE FL 32257

Name **KING, ROBERT F.**

Street Address (P.O. Box Number is Not Acceptable)

910 KINCO, LTD.

5245 OLD KINGS ROAD N.

City **JACKSONVILLE FL**

Zip Code **32254**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Robert F. King
ROBERT F. KING

ITS PRESIDENT JAN. 4, 2000

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
 NAME **HOSTETTER, G. RICHARD**
 STREET ADDRESS **1110 MARKET ST. #505**
 CITY-ST-ZIP **CHATTANOOGA, TN 37401**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **KING, ROBERT F.**
 STREET ADDRESS **5245 OLD KINGS ROAD, N.**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **32254**

TITLE **VPT** Delete
 NAME **MABRY, EDWARD JR**
 STREET ADDRESS **P.O. BOX 6429**
 CITY-ST-ZIP **JACKSONVILLE FL 32236**

TITLE Change Addition
 NAME **EDWARDS, MABRY JR.**
 STREET ADDRESS **5245 OLD KINGS ROAD, N.**
 CITY-ST-ZIP **32254**

TITLE **VPS** Delete
 NAME **DUETT, DANIEL E**
 STREET ADDRESS **5245 OLD KINGS RD. N**
 CITY-ST-ZIP **JACKSONVILLE FL 32236**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **32254**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other ICA empowered.

SIGNATURE: *Mabry Edwards, Jr.* **ITS VICE PRESIDENT** **JAN. 4, 2000** (504) 355-1476 X121
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
MABRY EDWARDS, JR., ITS V.P.

CR2E034 (9/99)