

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State

08-13-2001 90064 036 ***558.75

0457682

DOCUMENT # L44136

1. Entity Name

KINCO, INC.

Principal Place of Business

Mailing Address

5245 OLD KINGS RD., N.
 JACKSONVILLE FL 32254

POST OFFICE BOX 6429
 JACKSONVILLE FL 32236-3429

80061915



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **62-1417716**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KING, ROBERT F
C/O KINCO LTD.
5245 OLD KINGS ROAD N.
JACKSONVILLE FL 32254

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

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, 2001 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	<input checked="" type="checkbox"/> Delete
NAME	HOSTETTER, G. RICHARD	
STREET ADDRESS	1110 MARKET ST. #505	
CITY-ST-ZIP	CHATTANOOGA, TN 37401	
TITLE	P D	<input type="checkbox"/> Delete
NAME	KING, ROBERT F.	
STREET ADDRESS	5245 OLD KINGS ROAD, N.	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	VPTS	<input type="checkbox"/> Delete
NAME	MABRY, EDWARDS MABRY (NAN) JR.	
STREET ADDRESS	5245 OLD KINGS ROAD, N.	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	DUETT, DANIEL E	
STREET ADDRESS	5245 OLD KINGS RD. N	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARDSON, JOEL W. JR	
STREET ADDRESS	700 TALLAWAY BLDG.	
CITY-ST-ZIP	CHATTANOOGA, TN 37402	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, MABRY JR.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLS GRAEME	
STREET ADDRESS	175 FEDERAL STREET, 10TH FLOOR	
CITY-ST-ZIP	BOSTON, MA 02110	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'CONNELL, JOHN P.	
STREET ADDRESS	5245 OLD KINGS RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32254	
TITLE	ASST S/ ASST T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIRKLAND, KEVIN R.	
STREET ADDRESS	5245 OLD KINGS RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32254	

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 like empowered.

SIGNATURE: *Mabry Edwards Jr.* ITS V.P.

FEB. 15, 2001

(904) 355-1476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MABRY EDWARDS JR.

Date

Daytime Phone #

X 161

CP2004 (10/00)