

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L44136

Entity Name: KINCO, INC.

FILED
Apr 20, 2004
Secretary of State

Current Principal Place of Business:

5245 OLD KINGS RD., N.
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 6429
JACKSONVILLE, FL 322363429

New Mailing Address:

FEI Number: 62-1417716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RICHARDSON, JOEL W JR
Address: 700 TALLEN BLDG.
City-St-Zip: CHATTANOOGA, TN 37402

Title: PD () Delete
Name: KING, ROBERT F.,
Address: 5245 OLD KINGS ROAD, N.
City-St-Zip: JACKSONVILLE, FL 32254

Title: VPTS () Delete
Name: SAPP, RONALD E
Address: 5245 OLD KINGS ROAD, N.
City-St-Zip: JACKSONVILLE, FL 32254

Title: VPD () Delete
Name: O'CONNELL, JOHN P
Address: 5245 OLD KINGS RD.
City-St-Zip: JACKSONVILLE, FL 32254

Title: ASAT () Delete
Name: KIRKLAND, KEVIN R
Address: 5245 OLD KINGS RD
City-St-Zip: JACKSONVILLE, FL 32254

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL W. RICHARDSON, JR.

D

04/20/2004

Electronic Signature of Signing Officer or Director

_____ Date