FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L85163

(8)

THE KILBORNE COMPANY

FILED

Apr 16 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address									F IN PRINTE NOT TOTAL TITLE VILLE VILLE	an deb ig en il	818II VIBII V ib	
% GEORGE B.			% George B. Kilborne, Jr. Po Box 2035 Palm Beach Fl 33480-2035									
PO BOX 2035												
PALM BEACH	FL 3348U		TALM D	26KVTI FE 3040U	-£009			3.	Date Incorporated or Qualified	3a. D	ate of Last	Report
									06/29/1990	04/	29/1996	
2. Principal P	lace of Busin	ness	28. Mai	28. Mailing Address					4. FEt Number Applied For			opplied For
21			26						65-0202526 Not Applicable			
Sulte, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				5.	Certificate of Status Desired			Additional
22			27									Required
City & Stat	0		h ~ n	City & State				6. Election Campaign Financing \$5.00 May Be				
23 Zip		Country		28 Country				Trust Fund Contribution Added to Fees				
	→ '							8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \[\] Yes \[\] No				
24		25 and Address of Curre	29 nt Registered	d Agent		T		10.	Name and Address of New F			
VII E						81	Name		· · · · · · · · · · · · · · · · · · ·			
	BORNE, GE 0 VINCENT							O D 11 (12 12 14 14 14 14 14 14 14 14 14 14 14 14 14	-1.1.1			
		EACH FL 33405					Street Add	oress (P	O. Box Number is Not Accept	abie)		
YVE.	OI PALM D	ENOTITE 33400				83						
						84	City			FL	85 Zip	Code
11. Pursuant	to the provis	ions of Sections 607.05	02 and 607.15	08, Florida Stat	lutes, the a	pove	-named cor	rporation	n submits this statement for the	purpose o	f changing	its registered
office or r	registered ag im familiar wi	ent, or both, in the State th, and accept the oblic	e of Florida. S rations of, Sec	uch change wa: ction 607.0505. I	s authorize Florida Sta	d by tutes	the corpora i.	ration's b	n submits this statement for the coard of directors. I hereby acc	ept the app	ointment a	s registered
SIGNATURE			,									
SIGNATURE	Signature, typed	or printed name of registered as	ent and title it appl	roable (N		d Age	nt signature requ			DATE		
12.		OFFICERS AN	ID DIRECTOR	The second secon	13.			<i>F</i>	ADDITIONS/CHANGES TO OFF	ICERS AND		
TITLE	P			DELETE	1,1 T	ILF					L Change	Addition
NAME		ie, g briggs jr			1,2 N							
STREET ADDRESS		ICENT RD					ADDRESS					
CITY-ST-ZIP	WEST PA	ALM BEACH FL		Drugge		11Y - S	I - 7(P				Change	Addition
TITLE				DELETE	2.1 T						Change	[_] Audition
NAME .					2.2 N		4000000					
STREET ADDRESS					1		ADDRESS					
CITY-ST-ZIP				DELETE	2. 4 (3.1 T		S1 - ZIP				Change	Addition
NAME]				3.1 T						Jilango	
STREET ADDRESS							ADDRESS					
							31-2IP					
CITY-ST-ZIP TITLE				DELETE	4.1 1		/1 411				☐ Change	Addition
NAME					4.21						•	
STREET ADDRESS							ADDRESS					;
CITY-ST-ZIP						ITY-S						
TITLE				DELETE	5.1 1						Change	Addition
NAME					5.2 N	AME						
STREET ADDRESS					5.3 \$	TREET	ADDRESS					
CITY-ST-ZIP					5.4 0	HY-S	1-216					
TITLE	1			☐ DELFTE	6.1 7						Change	Addition
NAME					6.2 N	AME						
STREET ADDRESS	-				6.3 S	18661	ADDRESS					
CITY-ST-ZIP					6.4 0	ny-s	1 · ZIP					

14. I do 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.

2 Charles Wille DI Colling William A

4/4/02 402-022-0202