

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

FILED

Feb 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P14040

(0)

1. Corporation Name  
KILGORE GROUP, INC.

Principal Place of Business

4700 FOREST DRIVE  
SUITE 202  
COLUMBIA SC 29202  
US

Mailing Address

P.O. BOX 8386  
COLUMBIA SC 29202-8386



3. Date Incorporated or Qualified  
04/15/1987

3a. Date of Last Report  
05/01/1996

4. FEI Number  
57-0834351

Applied For  
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

SETTE, CHERI F  
9501 PRINCESS PALM AVE. SUITE 104  
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name Cindy Griffin

82 Street Address (P.O. Box Number is Not Acceptable)  
9501 Princess Palm Ave. Suite 104

83

84 City Tampa

FL

85 Zip Code 33619

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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Cindy N. Griffin*  
Signature, typed or printed name of registered agent and, if applicable

*CINDY N. GRIFFIN*  
(NOTE: Registered Agent signature required when reinstating)

1/8/97  
DATE

12. OFFICERS AND DIRECTORS

TITLE	<del>PD</del> D	<input type="checkbox"/> DELETE
NAME	KILGORE, GLEN P.	
STREET ADDRESS	4700 FOREST DRIVE	
CITY-ST-ZIP	COLUMBIA SC 29208	
TITLE	<del>PD</del> DS	<input type="checkbox"/> DELETE
NAME	KILGORE, PATRICK M.	
STREET ADDRESS	4700 FOREST DRIVE	
CITY-ST-ZIP	COLUMBIA SC 29208	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KILGORE, JACK L	
STREET ADDRESS	4700 FOREST DRIVE	
CITY-ST-ZIP	COLUMBIA SC 29208	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KILGORE, ANNA J	
STREET ADDRESS	4700 FOREST DRIVE	
CITY-ST-ZIP	COLUMBIA SC 29208	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Chris Carver	
1.3 STREET ADDRESS	4700 Forest Drive	
1.4 CITY-ST-ZIP	Columbia, SC 29206	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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.

SIGNATURE: *Remie C. Reader*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/97

803-782-9500

CR2E034 (9/96)