

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

001135

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90024 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P14040

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1987

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 owes the current year Intangible
Personal Property Tax. ☐ 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

**GRIFFIN, CINDY
9501 PRINCESS PALM AVE, STE 104
TAMPA FL 33619**

10. Name and Address of New Registered Agent

81 Name **Diana Englehart**

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

3016 US Hwy 301N

83 **Suite 100**

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 **Diana Englehart**

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

(NOTE: Registered Agent signature required when reinstating)

2-8-99

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KILGORE, GLEN P.	
STREET ADDRESS	4700 FOREST DRIVE	
CITY-ST-ZIP	COLUMBIA SC	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	KILGORE, PATRICK M.	
STREET ADDRESS	4700 FOREST DRIVE	
CITY-ST-ZIP	COLUMBIA SC	

TITLE	D	<input type="checkbox"/> DELETE
NAME	KILGORE, JACK L	
STREET ADDRESS	4700 FOREST DRIVE	
CITY-ST-ZIP	COLUMBIA SC 29206	

TITLE	D	<input type="checkbox"/> DELETE
NAME	KILGORE, ANNA J	
STREET ADDRESS	4700 FOREST DRIVE	
CITY-ST-ZIP	COLUMBIA SC 29206	

TITLE	P	<input type="checkbox"/> DELETE
NAME	CARVER, CHRIS	
STREET ADDRESS	4700 FOREST DR	
CITY-ST-ZIP	COLUMBIA SC	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE:

Pennie C. Pegaler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/99

Date

803-782-9500

Daytime Phone #

CR2E034 (11/98)