

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 15, 2006 08:00 A.
Secretary of State

| | |
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| DOCUMENT # P15852 | |
| 1. Entity Name KIMMINS ABATEMENT CORP. | |
| Principal Place of Business 1501 SECOND AVENUE TAMPA, FL 33605 | Mailing Address 1501 SECOND AVENUE TAMPA, FL 33605 |



05092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-2763100 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

| | | |
|--|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent WILLIAMS, JOSEPH M 1501 SECOND AVE EAST TAMPA, FL 33605 | | DO NOT WRITE IN THIS SPACE |
| 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. I am familiar with, and accept the obligations of registered agent | | |

000000564737
05/20/06-80089-014 150.00

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ORR, DAVID H 1501 E. 2ND AVE. TAMPA, FL 33605 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AST ADRIAN, DOUGLAS 1501 E 2ND AVE TAMPA, FL 33605 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S WILLIAMS, JOSEPH M 1501 E 2ND AVE TAMPA, FL 33605 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas ADRIAN

Date

5/8/06

Daytime Phone #

813-248-3878