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 # P17472

(2)

1. Corporation KIMMINS Principal Place	S CORP.	Mailing Address					
1501 SECOND AVENUE. EAST TAMPA FL 33605-5005 TAMPA FL 33605-5005							
					3. Date Incorporated or Qualified 12/31/1987	3a. Date of Last Report 04/02/1996	l
Ä '	lace of Business	2a. Mailing Addre	SS		4. FEI Number	Applied	
1 Suite, Apt. #	# elc	26 Suite, Apt. #, e	etc.		59-2763096	Not App	
2		27			5. Certificate of Status Desired	Fee Require	
City & State	>	City & State			6. Election Campaign Financing	\$5.00 May	Be
23		28			Trust Fund Contribution	Added to Fee	10S
Ζφ 24	Country 25	Zip 29	Countr 30	у	8. This corporation has liability for i	intangible tax under s. 199. Yes 🔲 No	.032,
4	9. Name and Address of Curren		1301		10. Name and Address of New Re	3	
WILL	LIAMS, JOSEPH M		81	Name	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
	1 E AVE SECOND		82	2 Street Addr	ress (P.O. Box Number is Not Acceptab	nle)	
	IPA FL 33605				1000 (1 100) myrs 13011000 10 1701 100 -p 110		
			83	3			
			84			FL 85 Zip Code	
11. Pursuant to office or re	to the provisions of Sections 607.050; egistered agent, or both, in the State	2 and 607.1508, Florida of Florida, Such chang	a Statutes, the above was authorized t	ve-named corp by the corporal	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its region the appointment as region	istered stered
	in familiar with, and accept the obliga	ations of, Section out.o	505, Florida Statute	≯ \$.			
SIGNATURE 3	Signar ire, typed or printed name of registered age	nt and tille if applicable.	(NOTE Registered Aç	gent signature requi	ired when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
TIFLE	PD DELETE			1		☐ Change ☐	Addition
NAME DEVICE LANDOCCO	WILLIAMS, FRANCIS M 1110 CULBREATH ISLES DR.		1.2 NAME	i			
STREET ADDRESS	TAMPA FL		1.3 STREE 1.4 CIFY~	ET ADDRESS			
City-St-7iP TitlE	ST					☐ Change ☐	Addition
NAME	WILLIAMS, JOSEPH M.	-	2.2 NAME	1		- -	
STREET ADDRESS	1501 2ND AVENUE		2.3 STAEE	ET ADDRESS			
CITY - ST - ZIP	TAMPA FL	TAMPA FL		-ST-ZIP	····		
TRILE	D DELETE		ETE 3.1 TITLE			☐ Change ☐	Addition
NAME	GOLD, MICHAEL		3.2 NAME				
STREET ADDRESS	256 3RD ST.			et address			
CITY-ST-ZIP TITLE	NIAGRA FALLS NY D	DE1	3.4, CITY- .ETE 4.1 TITLE		**************************************	Change	Addition
NAME	CHANDLER, GEORGE A	<u> </u>	4. 2 NAME			print country arms	Number :
STREET ADDRESS	927 W SHAKER CIRCLE			ET ADDRESS			
CITY - ST - ZIP	MEQUON WI		4.4 CITY-	· •			
TITLE	VPC0	DEL			,	☐ Change ☐	Addition
NAME	DOMINIAK, NORMAN S		5.2 NAME	:			
STREET ADDRESS	1501 2ND AVE		5.3 STREE	et address			
CITY - S! - ZIP	TAMPA FL	I bei	5.4 CiTY-			Channa	ممنازلية ا
TIFLE		☐ DEL				Change	Addition
STREET ADDRESS			6.2 NAME	ET ADDRESS			
CHY-ST-ZIP			6.4 CITY-				
14. I do hereb	by certify that the information supplier	d with this filing does n	ot qualify for the ex-	emption stated	d in Section 119.07(3)(i), Florida Statute	s. I further certify that the	
information I am an of appears in	in indicated on this annual report or s flicer or director of the corporation or n Block 12 or Block 18 if changed, or	supplemental annual re the receiver or trustee r on an attrichment with	port is true and acc empowered to exe an address.	curate and that cute this repor	it my signature shall have the same lega rt as required by Chapter 607, Florida S	I effect as if made under or statutes; and that my name	ath; that

SIGNATURE:

8/3 248-3878 Davime Phone #

FILED

May 02 1997 8:00am

Secretary of State