


**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90052 048 \*\*\*158.75

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P17472**

1. Corporation Name  
**KIMMINS CORP.**

Principal Place of Business  
 1501 SECOND AVENUE, EAST  
 TAMPA FL 33605-5005

Mailing Address  
 1501 SECOND AVENUE, EAST  
 TAMPA FL 33605-5005

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1987

4. FEI Number

59-2763096

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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City &amp; State

27 City &amp; State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**WILLIAMS, JOSEPH M**  
**1501 E AVE SECOND**  
**TAMPA FL 33605**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 607.0605, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD WILLIAMS, FRANCIS M**  
 STREET ADDRESS **1110 CULBREATH ISLES DR.**  
 CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **ST WILLIAMS, JOSEPH M.**  
 STREET ADDRESS **1501 2ND AVENUE**  
 CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **D GOLD, MICHAEL**  
 STREET ADDRESS **256 3RD ST.**  
 CITY-ST-ZIP **NIAGRA FALLS NY**

TITLE ☒ DELETE

NAME **D CHANDLER, GEORGE A**  
 STREET ADDRESS **927 W. SHAKER CIRCLE**  
 CITY-ST-ZIP **MEQUON WI**

TITLE ☐ DELETE

NAME **VPCO DOMINIAK, NORMAN S**  
 STREET ADDRESS **1501 2ND AVE**  
 CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME **Director Finn R. Donald**  
 STREET ADDRESS **69 Delaware Ave, Suite 900**  
 CITY-ST-ZIP **Buffalo, NY 14202**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

*Joseph M. Williams* 4/27/99 813 248-3878  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)