PROFIT CORPORATION ANNUAL REPORT

1999



Mailing Address

1501 SECOND AVENUE, EAST TAMPA FL 33605-5005

DOCUMENT # P17472

KIMMINS CORP.

Principal Place of Business 1501 SECOND AVENUE. EAST FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
Division of Corporations

FILED

May 08, 1999 8:00 am

Secretary of State

05-08-1999 90052 048 ***158.75

TAMPA FL 338	005 TAMPA FL 33605-5005				İ	DO NOT WRITE IN THIS SPACE			
					3. Date Inc. 12/31/	orporated or Qualife			
2 Principal P	lace of Business	2a, Mailing Address			4, FEI Num				Applied For
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.				e of Status Desired	×	* *	5 Additional Required
City & Stat	le .	City & State				Campaign Financing nd Contribution			May So Id to Fees
Zip	Country	Zip	Country		g. This con	poration owes the cu	irrent year		_
24	25	29	30			Property Tax.		XYes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name al	nd Address of New	Register	red Agent	· · · · · · · · · · · · · · · · · · ·
			81	Name					
	JAMS, JOSEPH M		82	Street A	Address (P.O. Box N	lumber is Not Accep	otable)		
	E AVE SECOND			00000	V. T.				
TAM	PA FL 33605		83						
			84	City				85 Z	p Code
	to the provisions of Sections 607.050			L	# 4 -	A1	•	- ((ite registered
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligation of the provisions of the colligation of the collins of the colli	of Florida. Such change was au tions of, Section 607.0505, Flori	ithorized by Ida Statutes	the corpo	oration's board of dire	ectors. I hereby acc	ept the ap	ppointment as	registered
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SIGNATURE	·				oquired when reinstalling)		DATE		
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SIGNATURE	Signature, typed or printed name of registered agen	n and title if applicable. (NOTE:	Registered Ager		ADDITION		FFICERS		
SIGNATURE 12.	Signature, typed or president name of registered agore OFFICERS AN	n and title if applicable. (NOTE: D DIRECTORS	Registered Age		Director	R. Dor	FFICERS	AND DIREC	e Addition
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN	n and title if applicable. (NOTE: D DIRECTORS	Registered Ages 13. 1,1 TITLE	t signature re	Director Fina 69 De	R. Dor Jaware	AVE,	AND DIRECT	e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or preted name of registered agor OFFICERS AN PD WILLIAMS, FRANCIS M 1110 CULBREATH ISLES DR.	n and title if applicable. (NOTE: D DIRECTORS	13. 1,1 TITLE 1,2 NAME 1,3 STREE	ADDRESS	Director Fina 69 De	R. Dor Jaware	AVE,	AND DIREC	e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZP	Signature, typed or preted name of registered agent OFFICERS AN PO WILLIAMS, FRANCIS M 1110 CULBREATH ISLES DR. TAMPA FL	n and title if applicable. (NOTE: D DIRECTORS	13. 1,1 TITLE 1,2 NAME	ADDRESS	Director Fina 69 De	R. Dor	AVE,	AND DIRECT	900
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or preted name of repetiered agent OFFICERS AN PD WILLIAMS, FRANCIS M 1110 CULBREATH ISLES DR. TAMPA FL	nt and tide of applicable. (NOTE: D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CHY-S	ADDRESS	Director Fina 69 De	R. Dor Jaware	AVE,	AND DIRECTORING Change Suite 202	900
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14. I hereby certify that the information supplied with this limit does not quality for use exemption stated in section 17 (3/4). Professional report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it 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 or an attachment write an address, with all other like empowered.

SIGNATURE

W.11mms 4/27/99 813 248-3878

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