

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

95 JUL -6 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000037377 (7)

1. Corporation Name

KIM'S CONSULTING, INC.

Principal Place of Business

309 C RUBENS
NOKOMIS FL 34274

Mailing Address

309 C RUBENS
NOKOMIS FL 34274

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/25/1993

3a. Date of Last Report

11/07/1994

4. FEI Number

65-0425172

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

7. This corporation has liability for interjurisdictional tax under S. 193.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

2a

State, Apt. #, etc.

22

State, Apt. #, etc.

27

City & State

23

City & State

28

24

25

29

30

9. Name and Address of Current Registered Agent

WALLACK, MICHAEL M
2055 WOOD ST
SUITE 215
SARASOTA FL 34237

10. Name and Address of Now 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 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Signature of Current Registered Agent as of the Filing Date

Signature of Now Registered Agent as of the Filing Date

and

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
PSTD
LARSEN, KIM
309 C RUBENS
NOKOMIS FL 34274

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME ☐ Change ☐ Addition

3. STREET ADDRESS ☐ Change ☐ Addition

4. CITY, ST, ZIP ☐ Change ☐ Addition

5. TITLE ☐ Change ☐ Addition

6. NAME ☐ Change ☐ Addition

7. STREET ADDRESS ☐ Change ☐ Addition

8. CITY, ST, ZIP ☐ Change ☐ Addition

9. TITLE ☐ Change ☐ Addition

10. NAME ☐ Change ☐ Addition

11. STREET ADDRESS ☐ Change ☐ Addition

12. CITY, ST, ZIP ☐ Change ☐ Addition

13. TITLE ☐ Change ☐ Addition

14. NAME ☐ Change ☐ Addition

15. STREET ADDRESS ☐ Change ☐ Addition

16. CITY, ST, ZIP ☐ Change ☐ Addition

17. TITLE ☐ Change ☐ Addition

18. NAME ☐ Change ☐ Addition

19. STREET ADDRESS ☐ Change ☐ Addition

20. CITY, ST, ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(1)(b) 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. I am an officer or director of the corporation or the incorporator 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR