

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000068977 (6)

1. Corporation Name

THE KILPATRICK COMPANY, INC.



Principal Place of Business

322 NE 3RD ST
DELRAY BEACH FL 33444
US

Mailing Address

322 NE 3RD ST
BOYNTON BEACH FL 33435
US

3. Date Incorporated or Qualified
09/27/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0440521

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRAWN, JOEL T
54 N.E. 4TH AVENUE
DELRAY BEACH FL 33483

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 607.0505, 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

DP
KILPATRICK, HAROLD D.
1750 LAKE DR
DELRAY BEACH FL

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

VP
KILPATRICK, JON W
425 N.W. 18TH STREET
DELRAY BEACH FL 33444

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

EVP
KILPATRICK, TIM L.
1725 LAKE DR
DELRAY BEACH FL

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

VP
MORRIS, JOHN R
8541 N. LAKE DASHA DRIVE
PLANTATION FL 33324

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

VP
MORRIS, JOHN R
8541 N. LAKE DASHA DRIVE
PLANTATION FL 33324

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

VP
MORRIS, JOHN R
8541 N. LAKE DASHA DRIVE
PLANTATION FL 33324

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

SECRETARY/TRES
KILPATRICK, MARY
1750 LAKE DRIVE
DELRAY BEACH, FL 33444

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 from an attached former address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96

Date

Daytime Phone #

CR2E034 (12/95)