FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

DOCUMENT # P93000069144 (2)

95 MAY -1 AM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Current Name
KIM MCCULLOCH, INC.

Principal Place of Business
641 S FEDERAL HWY
POMPANO BCH. FL 33062

Mailing Address
641 S FEDERAL HWY
POMPANO BCH. FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1993
3a. Date of Last Report: 08/11/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: 65-0435247 — Applied For / Not Applicable

State, Apt. # or Suite — 22
Suite, Apt. # or Suite — 27

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & County — 23
City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

24 — 25 — 29 — 30

8. The corporation is a qualified limited partnership under s. 620.1921, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BAKERDJIAN, JERRY
641 S FEDERAL HWY
POMPANO BCH. FL 33062

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 607.0505 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

12. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	MCCULLOCH, KIMBERLY
STREET ADDRESS	641 S FEDERAL HWY
CITY-ST-ZIP	POMPANO BCH. FL 33062
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

1. TITLE	☐ Change ☐ Addition
1. NAME	
1. STREET ADDRESS	
1. CITY-ST-ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	
2. CITY-ST-ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY-ST-ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY-ST-ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. CITY-ST-ZIP	

14. I 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)(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.

SIGNATURE: Kimberley McCulloch — 4/28/95 — 407-632-9231
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON FILING REPORT OR DIRECTOR
Kimberley McCulloch
Date — Telephone Number

0104881 CP