FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State
04-26-1999 90142 022 ***150.00

DOCUMENT # P93000076146 OL

1. Corporation Name

KIDMAN COMPANY

[redacted]

Principal Place of Business	Mailing Address
3964 Belmoor Drive Palm Harbor, FL 34685	3964 Belmoor Drive Palm Harbor, FL 34685

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: November 3, 1993

2. Principal Place of Business	2a. Mailing Address
21 2901 Rigsby Lane	26 C/O The Paradise Group 2901 Rigsby Lane
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Safety Harbor, FL	28 Safety Harbor, FL
24 Zip 34695 25 Country USA	29 Zip 34695 30 Country USA

4. FEI Number: 59-3208297 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
George K. Kidman 3964 Belmoor Drive Palm Harbor, FL 34685	81 Name: George K. Kidman 82 Street Address (P.O. Box Number is Not Acceptable): 2901 Rigsby Lane 83 84 City: Safety Harbor FL 85 Zip Code: 34695

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/S/T/D	☐ DELETE	1.1 TITLE	P/S/T/D	☒ Change ☐ Addition
NAME	George K. Kidman		1.2 NAME	George K. Kidman	
STREET ADDRESS	3964 Belmoor Drive		1.3 STREET ADDRESS	2901 Rigsby Lane	
CITY-ST-ZIP	Palm Harbor, FL 34685		1.4 CITY-ST-ZIP	Safety Harbor, FL 34685	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: [signature] George K.Kidman 3-26-99 727 726-1115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #