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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name P95000003175 (3)

KIMBERCO, INC.

| Principal Place of Business 56 154TH AVE. | Mating Address 56 154TH AVE. | |
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|---|---|---|------------------------|---|---------------------|--|-----------|
| Principal Place of Business Mailing Address | | | | E 20010001 110 10101 Utift dater opers anne nation trees eren ender anne eren | | | |
| 56 154TH AVE. MADEIRA BEACH FL 33708 | | 56 154TH AVE. MADEIRA BEACH FL 33708 | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report 01/10/1995 | |
| 2. Principal Pla | ice of Business | 2a. Mailing Address | | | | 4. FEI Number Applied For | _ |
| 21 | | 26 | | | | 59-337222 Not Applicable | 3 |
| Suite, Apt # | t, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | |
| City & State | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be | |
| 23 | | 28 | | | i | Trust Fund Contribution Added to Fees | |
| Zιρ | Country | Zφ | Countr | ý | | 8. This corporation has liability for intangible tax under s. 199.032, | 1 |
| 24 | 25 | 29 | 30 | | | Florida Statutes Yes Yes | |
| | g. Name and Address of Curre | nt Registered Agent | 8 | I | lame 🥿 | 10. Name and Address of New Registered Agent | |
| 0.00 | WHOCO! W | | | | K | | |
| | KIMBERLY | | 8: | ≥ S | treet Addres | ss (P.O. Box Number is Not Acceptable) | |
| 56 154TI | N AVE. A BEACH FL 33708 | | 8 | 1 - | 56 | 13711-11-6 | \dashv |
| MADEIIV | DEACHTE SS700 | | L | <u>. _</u> | | leel 7- Code | _ |
| | | | 8 | 1 . | MAD | EIRA BEACH FL 85 33708 | ۱ ۶ |
| 11. Pursuant t | o the provisions o' Sections 607.050 | 2 and 607.1508, Florida Statut | es, the above | nan | ed corporat | tion submits this statement for the purpose of changing its registered official differences. Thereby accept the appointment as registered agent. Lan | ce |
| or register familiar wit | ed agent, or both, in the State of Flor In, and accept the obligations of, Sec | nd Y Such change was a ithoriz Nov. 607.0505, Florida Statutes | red by the cor s. | porat | tion's board | of directors. Thereby accept the appointment as registered agent. Family | İ |
| SIGNATURE _ | ROYD DUWN 1 | By Man | | | | 20 0kg 116 | |
| Oldi e (1 o 1 i z | Signature, typed or printed han ellot facilitation altm | | (I) Respectived A; | 4183 | pathire respinied v | | |
| 12. | OFFICERS AF | ND DIRECTORS DELETE | 13. 1.1 fits | | DP | ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME | QUINN, KIMBERLY II | (Deterior | 1 2 NAM | | CH | FENTE DAINN | ļ |
| STREET ADDRESS | 56 154TH AVE. | | 1.3 STRS | | 00 cc = 1 | 154 LD AUE | |
| CITY - ST - ZIP | MADEIRA BEACH FL 33708 | | 1.4 CHY | | IF MA | DEIRA BEACH, FL 33708 | |
| THILE | | ☐ DELETE | 2 1 TiTL | | SE | OFIRA BRACH, FL 33708 EC/TREAS. ROY D. QUINN 6 154 Th AUE | |
| NAME | | | 2 2 NAM | | K | 20y D. WAIN | |
| STREET ADDRESS | : | | 2 3 STRE | ET ADD | DAESS 5 | 6 154 LA AUC | |
| CITY - ST - ZIP | | | 2 4 CITY | S1 - 7 | 10 MI | ADEIRA BEACH, FL 33708 | |
| TITLE | | DELIETE | 3 1 1110 | | | Change Addition | |
| NAME | | | 3 2 NAM | | | | |
| STREET ADDRESS | | | 3.3 STR | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 3 4 CITY 4 1 TITL | | P | Change Addition | . |
| NAME | | | 4 2 NAM | | ŀ | | |
| STREET ADDRESS | | | 4 3 STRE | | DRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY | | | | |
| THILE | | ☐ DELETE | 5 1 TiTu | | | Change Addition | _ |
| NAME | | | 5.2 NAM | E. | | | |
| STREET ADDRESS | | | 5 3 STR | et adi | DRESS | | |
| CITY-ST-ZIP | | | 5.4.0019 | | (P | | |
| TITLE | | ☐ DELETE | 6 1 11/1 | { | | Change Addition | İ |
| NAME | | | 6.2 NAV | | | | |
| STREET ADDRESS | | | 63 S1H | | 1 | | |
| City, ct. 7ip | 1 | | 6.4 CITY | -51-7 | 7iP | | |

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 suppliemental 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 altachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 opil 1996 (813) 345-8414

CR2E034 (12/95)