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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # **P95000003175** (3)

KIMBERCO, INC.

FILED May 07 1997 8:00am Secretary of State



Principal Plac \$6 154TH AVE. MADEIRA BEAC		Mailing Address 56 154TH AVE, MADEIRA BEACH FL 33708-1812						
					3. Date Incorporated or Qualified 01/10/1995	3a. Date of 05/01/1		port
2. Principal F	Place of Business	2a. Mailing Address	├─ ┐ ~			Applied For Not Applicable		
Suite, Apt.	. #, etc.	Suite, Apt. #, etc. 27			5. Certificate of Status Desired	SR 75 Additional		
City & Stat	le	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24	Country Zip 30		Countr 30	У	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes Von			
	9. Name and Address of Cur	rent Registered Agent	8	(10. Name and Address of New Re	gistered Ager	nt	
	D. QUINN		B	Name				
	154TH AVE DEIRA BEACH FL 33708		82	2 Street Ad-	dress (P.O. Box Number is Not Acceptable)			
			8.	3				
			64	1 ′		FL 85		
office or agent. I a SIGNATURE					rporation submits this statement for the ation's board of directors. I hereby acce	pt the appointn	nging its nent as i	registered
12.	Signature, typed or punted name of registered	AND DIRECTORS	13,	gerit signature rec	uired when reinstaling) ADDITIONS/CHANGES TO OFFI		RECTOR	S IN 12
TITLE	P	DELETE	1.1 TITLE		7,55111011070777111020110		Change	Addition
NAME	CHERYL W. QUINN		1.2 NAME				•	
STREET ADDRESS			1.3 STREI	ET ADDRESS				
CITY-ST-21P	MADEIRA BEACH FL	!	1.4 CHY-	S1-ZIP				
TITLE	ST	□ DELETE 211					Change	Addition
NAME	ROY D. QUINN		2.2 NAME					
STREET ADDRESS	56 154TH AVE		1	EL ADDRESS				
CITY-ST-ZIP	MADEIRA BEACH FL	DELFTE	2 4 0 11 7			———	Change	Addition
TITLE NAME		[_] քեւ ([3.1 THILE 3.2 NAME			، ب	onange	ET Veguital
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			3.4. CITY	1				
TITLE		DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAM	E				
STREET ADDRESS			4.3 STREE	1 ADDRESS				
CITY-ST-ZIP			4.4 CITY-	SI-ZIP				
TITLE		☐ DELETE	5 1 111LF				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS				1 ADDRESS				;
CITY-ST-ZIP		DCLETE	5.4 CITY-	\$1-7IP		——————————————————————————————————————	Change	Additor
TITLE		רין מנדנונ	6.1 1(1)(1			، ا	Change	Addition
NAME STORET ADDOCCO			6 2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP	I		6.4 CITY	21-711				

14. I do 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 supply microtal 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 of 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 in an attachment with an address.

27 My (leas 12) 298-006V