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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State 1

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name P95000040353 (1)

KIN-TUCK & SONS, INC.

Principal Place of Business

Mailing Address



NAPLES FL	33999		4561 26TH AVENUE SOUTHWEST NAPLES FL 33999								
								Date Incorporated or Qualified 05/14/1995	3a. Date	of Last	Report
2. Principal Pla	ice of Business	2a. M	ail ng Address	. ~ .,				4. FEI Number			Applied For
	FAIRH ARE BYW REA	26	4561 21	614	AU	16 9	,,,,,	65-0577723			Not Applicable
Suite, Apt. #	f, etc.	27 St	lite, Apt. #. etc.				.	5. Certificate of Status Desired			5 Additional Required
City & State	F	h	ty & State					6. Election Campaign Financing	<u></u>	\$5.	00 May Be
23 NAPIC		28		T				Trust Fund Contribution			ed to Fees
24 7396	6/ 25 USA	29 Zq	Þ	Gou	intry			8. This corporation has liability for i Florida Statutes Yes		x under	s 199.032,
	9. Name and Address of Current		ed Agent	1301	ſ		l	10. Name and Address of New R		aent	
			············		81	Name	9		9,000,000		
TUCKER	R, JAMES				82	~~~		75.0			
	TH AVENUE SOUTHWEST					Street Address (P.O. Box Number is Not Acceptable)					
	FL 33999			l	83	*					***************************************
A.*					84	City				700	Zus Chada
i,						•			FL		Zip Code
familiar with	o the provisions of Sections 607.0502 and agent, or both, in the State of Florida h, and accept the obligations of, Section	a. Sugn ch an 607.050	iange was authorized 5, Florida Statutes.	d by the c	orpo	ration	's board i	of directors. I hereby accept the appo	pose of cha posterof as	nging its registere	registered office d agent. I am
12.	Signature, typed or profed name of registered agent a OFFICERS AND	***********		Pegistered	Agent	signatur	requied wi	ter reinstating) ADDITIONS/CHANGES TO OFFI	DATE	DIDEOT.	200 11.10
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oath; that I	certify that the information supplied wi the information indicated on this annua am an officer or director of the corpora Block 12 or Block 13 if changed, or or	ai report or ation or the	-supplemental annua a receiver or frustee :	hed and d al report is empower	does	not q	accurata.	and that my signature shall have the e epo1 as required by Chapter 607, Flo	same legal e orida Statute	effect as s; and ti	if made under nat my name
SIGNAT	URE: James F-T	uch	er Jam	ies 1	<i>,-</i>	IV	ken	c 5/15/96	, g	41.7	74-64711.

JAMES F. Troken