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FILED

Jan 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000089119 (8)

1. Corporation Name:

THE KILPATRICK BUILDING, INC.



Principal Place of Business

54 N.E. FOURTH AVENUE  
DELRAY BEACH FL 33483

Mailing Address

54 N.E. FOURTH AVENUE  
DELRAY BEACH FL 33483-4529

3. Date Incorporated or Qualified

11/21/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 7700 High Ridge Road

Site Apt. #, etc.

2a. Mailing Address

26 7700 High Ridge Road

Site, Apt. #, etc.

4. FEI Number

65-0644784

Applied For

Not Applicable

5. Certificate 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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒

Yes ☐ No

City & State

23 Boynton Beach, FL

Zip

Country

24 33462-5026

City & State

28 Boynton Beach, FL

Zip

Country

29 33462-5026

30 Palm Beach

9. Name and Address of Current Registered Agent

STRAWN, JOEL T  
54 N.E. FOURTH AVENUE  
DELRAY BEACH FL 33483

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 607.0502 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

Signature of person named as registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME KILPATRICK, HAROLD D., SR.

STREET ADDRESS 1750 LAKE DR.  
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE S/T ☐ DELETE

NAME KILPATRICK, MARY

STREET ADDRESS 1750 LAKE DR.  
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE V ☐ DELETE

NAME MORRIS, JOHN R.

STREET ADDRESS 8541 N. LAKE DASHA DR.  
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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 and the person or persons named as registered agent, or both, are duly authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13. I am attaching a separate attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harold D. Kilpatrick, Sr.

561-533-1450

1/7/97

Daytime Phone #

CR2E034 (9/96)