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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

# DOCUMENT # P96000025636 (7)

### **KIPPEN CORPORATION**

| Principal Place of Business 200 SOUTH ORANGE AVENUE | Mailing Address  200 SOUTH ORANGE AVENUE |  |  |  |  |  |
|---|--|--|--|--|--|--|
| SARASOTA FL 34236                                   | SARASOTA FL 34236-6802                   |  |  |  |  |  |

## FILED Feb 04 1997 8:00am Secretary of State



| SANASUIA FL         | 34230                                      |   | SANASUIA                   | 1 FL 34230-00U2                       | •             |        |  |                       |  |                                   |                                |                 |                    |                          |
|---------------------|--|---|----------------------------|---------------------------------------|---------------|--------|--|-----------------------|--|-----------------------------------|--------------------------------|-----------------|--------------------|--------------------------|
|                     |  |   |                            |                                       |               |        |  |                       | 3. Date Incorporated or Qualified 3a. Date of East Report 03/21/1996 |                                   |                                |                 |                    |                          |
| 2. Principa! F      | ipa! Place of Business 2a. Mailing Address |   |                            |                                       |               |        |  | 4.                    | FEI Number   |                                   | I                              |                 | Ap                 | olied For                |
| 21                  |  |   | 26                         |                                       |               |        |  |                       | 65-06571   | L00                               |                                |                 | No                 | Applicable               |
| Suite, Apt. #, etc. |  |   | Suite,                     | Suite, Apt. #, etc.                   |               |        |  |                       | Certificate of S   | status Desired                    | \$8.75 Additional Fee Required |                 |                    |                          |
|                     |  |   |                            | City & State                          |               |        |  | 6.                    | Election Camp  | aign Financing                    |                                | \$5             | 00                 | May Be                   |
| 23                  | 28   |   |                            |                                       |               |        |  | - 1                   | Trust Fund Co  | -                                 |                                |                 |                    | Fees                     |
| Z <sub>I</sub> p    |  | Country   | Zip                        |                                       | Cou           | intry  | -,                                     | 8.                    | This corporation   | on has liability fo               | r intangible                   | tax und         | der s.             | 199.032.                 |
| 24                  | 25   |   | 29                         |                                       | 30            |        |  | 1                     | Florida Statute  |                                   | Yes [                          |                 |                    | •                        |
|                     | 9. Name and                                | Address of Curre  | int Registered A           | \gent                                 |               |        |  | 10.                   | Name and Ad  | dress of New R                    | egistered .                    | Agent           |                    |                          |
|                     | itenstine, J. W                            |   |                            |                                       |               | 81     | Name                                   |                       |  |                                   |                                |                 |                    |                          |
|                     | South Orang<br>Asota FL 3423               |   |                            |                                       |               | 82     | Street Addr                            | ress (P.              | O. Box Numbe   | er is Not Accepta                 | able)                          |                 |                    |                          |
| OAN                 | NOUTH I L OTER                             | ,0  |                            |                                       |               | 83     | ······································ |                       | ***************************************                              |                                   |                                |                 |                    |                          |
|                     |  |   |                            |                                       |               | 84     | City                                   |                       | <del></del>  |                                   |                                | 85              | Zip (              | ode                      |
|                     |  |   |                            |                                       |               |        | •                                      |                       |  |                                   | FL                             |                 | •                  |                          |
| agent 1 a           | registered agent i                         | of Sections 607.05<br>or both, in the Stat<br>nd accept the oblig | e of Florida. Suc          | h change was a                        | authorize     | σbν    | the corporati                          | poration<br>tion's bo | n submits this s<br>oard of directo                                  | tatement for the rs. I hereby acc | purpose of<br>opt the app      | chang<br>ointme | ing its<br>nt as i | registered<br>registered |
| SIGNATURE           | Signature, typod or prin                   | ted name of registered a:   | goot and title if applicat | ble (NOT                              | E. Registered | Ager   | nt signature requir                    | red when i            | reinstating)   |                                   | DATE                           |                 |                    |                          |
| 12.                 |  | OFFICERS AN   | ND DIRECTORS               | · · · · · · · · · · · · · · · · · · · | 13.           |        |  |                       |  | ANGES TO OFF                      | CERS AND                       | DIREC           | TORS               | IN 12                    |
| TITLE               |  |   |                            | ☐ DELETE                              | 1.1 Tr        | TLE    | D,                                     | /P                    | · · · · · · · · · · · · · · · · · · ·                                |                                   |                                | ☐ Cha           | nge                | Addition                 |
| NAME                |  |   |                            |                                       | 1.2 NA        | ME     | J,                                     | . Mi                  | chael Ha   | rtenstin                          | е                              |                 |                    |                          |
| STREET ADDRESS      | 8  |   |                            |                                       | 1.3 \$1       | REET   | ADDRESS 2(                             | 00 S                  | Orange   | Ave.                              |                                |                 |                    |                          |
| CITY-ST-ZIP         |  |   |                            |                                       | 1.4 Ci        | TY-ST  |  |                       | ota. FL  |                                   |                                |                 |                    |                          |
| TITLE               |  |   |                            | DELETE                                | 2.1 Til       | LE     | VI                                     |                       |  |                                   |                                | Cha             | inge               | Addition                 |
| NAME                |  |   |                            |                                       | 2.2 N/        | ME     | Ch                                     | harl                  | es Varah   | ı .                               |                                |                 |                    |                          |
| STREET ADDRESS      |  |   |                            |                                       | 2.3 \$1       | REET   |  |                       |  | Bouleva                           | rd                             |                 |                    |                          |
| CITY - ST - ZIP     |  |   |                            |                                       | 2.40          | TY-5   | l l                                    |                       | rsity Pa   |                                   | 34201                          |                 |                    |                          |
| TITLE               |  |   |                            | DELETE                                | 3.1 TIT       | TLE.   |  | /T                    |  | <del></del>                       |                                | ☐ Cha           | inge               | Addition                 |
| NAME                |  |   |                            |                                       | 3.2 NA        | ME     | St                                     | usan                  | A. Barr  | ett                               |                                |                 |                    |                          |
| STREET ADDRESS      |  |   |                            |                                       | 3.3 \$1       | REET / | ADDRESS 20                             | 00° S                 | . Orange   | Ave.                              |                                |                 |                    |                          |
| CITY - ST - ZIP     |  |   | -                          |                                       | 3.4. CI       | TY-S   |  |                       | ota, FL  |                                   |                                |                 |                    |                          |
| TITLE               |  |   |                            | ☐ DELETE                              | 4.1 TI        | ſLΕ    |  |                       |  |                                   |                                | ☐ Cha           | nge                | Addition                 |
| NAME                |  |   |                            |                                       | 4.2 N         | AME    |  |                       |  |                                   |                                |                 |                    |                          |
| STREET ADDRESS      |  |   |                            |                                       | 4.3 ST        | REET A | ADDRESS                                |                       |  |                                   |                                |                 |                    |                          |
| CITY - ST - ZIP     |  |   |                            |                                       | 4.4 CI        | IY-ST  | - ZIP                                  |                       |  |                                   |                                |                 |                    |                          |
| TITLE               |  |   |                            | DELETE                                | 5170          | LE     |  |                       |  |                                   |                                | Cha             | nge                | Addition                 |
| NAME                |  |   |                            |                                       | 5 2 NA        | ME     |  |                       |  |                                   |                                |                 |                    |                          |
| STREET ADDRESS      |  |   |                            |                                       | 5.3 ST        | REET A | ADDRESS                                |                       |  |                                   |                                |                 |                    |                          |
| CITY - ST - ZIP     |  |   |                            |                                       | 5.4 Cf        | IY-ST  | - ZIP                                  |                       |  |                                   |                                |                 |                    |                          |
| TITLE               |  |   |                            | DELETE                                | 6.1 Ti        | LE     |  |                       |  |                                   |                                | Cha             | nge                | ☐ Addition               |
| NAME                |  |   |                            |                                       | 6.2 NA        | ME     |  |                       |  |                                   |                                |                 |                    |                          |
| STREET ADDRESS      |  |   |                            |                                       | 6.3 ST        | REET A | ADDRESS                                |                       |  |                                   |                                |                 |                    |                          |
| CITY-ST-7IP         |  |   |                            |                                       | 6.4 CI        | ry-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 number of its 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 chapted, or op an adaptine with address.

**SIGNATURE:** 

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Designer Proces