

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

FILED
Apr 24 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P96000048618 (8)

1. Corporation Name
JEFFERY KINNARD, D.C., INC.



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|---|--|
| Principal Place of Business 8781 SOUTH LAKESHORE DRIVE FLORAL CITY FL 34846 | Mailing Address 8781 SOUTH LAKESHORE DRIVE FLORAL CITY FL 34436-5800 |
|---|--|

| | |
|---|-------------------------|
| 3. Date Incorporated or Qualified 06/04/1996 | 3a. Date of Last Report |
|---|-------------------------|

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|---|---|
| 2. Principal Place of Business 21 2653 N. Lecanto Hwy Suite, Apt. #, etc. 22 City & State 23 Lecanto, FL Zip 24 34461 Country 25 USA | 2a. Mailing Address 26 P.O. Box 235 Suite, Apt. #, etc. 27 City & State 28 Lecanto, FL Zip 29 34460 Country 30 USA |
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| | |
|---|--------------------------------|
| 4. FEI Number 59-3385169 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

KINNARD, JEFFERY
8781 SOUTH LAKESHORE DRIVE
FLORAL CITY FL 34846

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name Kinnard, Jeffery |
| 82 Street Address (P.O. Box Number is Not Acceptable) 2653 N. Lecanto Hwy |
| 83 |
| 84 City Lecanto |
| 85 Zip Code 34461 |

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, typed, printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-8-97

OFFICERS AND DIRECTORS

| | |
|--|---|
| 12. OFFICERS AND DIRECTORS | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KINNARD, JEFFERY 8781 SOUTH LAKESHORE DRIVE FLORAL CITY FL 34436 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--|---|--|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | D Kinnard, Jeffery 2653 N. Lecanto Hwy Lecanto, FL 34460 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

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 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 attachment with an address.

CR2E034 (9/96)