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Mar 18 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 # P96000073848 (9)

1. Corporation Name
KIM R. STANLEY, AGENCY, INC.

Principal Place of Business
1803 8TH STREET NORTH
JACKSONVILLE BEACH FL 32250

Mailing Address
1803 8TH STREET NORTH
JACKSONVILLE BEACH FL 32250-4836



2. Principal Place of Business

21 22 Seminole Rd
Suite, Apt. #, etc.

22 City & State
Atlantic Bch Fl

23 Zip Country
32233 Duval

24 32233 25 Duval

2a. Mailing Address

26 22 Seminole Rd
Suite, Apt. #, etc.

27 City & State
Atlantic Bch Fl

28 Zip Country
32233 Duval

29 32233 30 Duval

3. Date Incorporated or Qualified

09/01/1996

3a. Date of Last Report

First Report

4. FEI Number

59 3402355

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

9. Name and Address of Current Registered Agent

STANLEY, KIM R
1803 8TH STREET NORTH
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

81 Name

Kim R Stanley

82 Street Address (P.O. Box Number is Not Acceptable)

22 Seminole Road

83 Atlantic Beach

84 City

FL

85 Zip Code

32233

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 doing so with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Kim Stanley Owner

3-10-97

(Signature of registered agent or person authorized to register agent and file this application)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME STANLEY, KIM R
STREET ADDRESS 1803 8TH STREET NORTH
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 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.

SIGNATURE:

Kim Stanley Owner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0036975

CR2E034 (9/96)