2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90957 047 ***150.00

005183 AV

DOCUMENT # P96000079337

1. Entity Name
KIM NEESE INC.

Principal Place of Business
1206A WEST 19TH STREET
PANAMA CITY FL 32405

Mailing Address
1206A WEST 19TH STREET
PANAMA CITY FL 32405

2. Principal Place of Business		3. Mailing Address	
Kim Neese Inc.		Kim Neese Inc.	
Suite, Apt. #, etc. 2418 Lisenby Ave.		Suite, Apt. #, etc. 2418 Lisenby Ave.	
City & State Panama City FL		City & State Panama City FL	
Zip 32405	County Bay	Zip 32405	County Bay

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3442467 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEESE, VICTOR KIM
1206A WEST 19TH STREET
PANAMA CITY FL 32405

7. Name and Address of New Registered Agent

Name Neese, Victor, Kim
Street Address (P.O. Box Number is Not Acceptable) 2418 Lisenby Ave.
City Panama City FL Zip Code 32405

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] pres. DATE 4/25/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NEESE, VICTOR K 1206A WEST 19TH ST PANAMA CITY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] 4/25/03 (850) 769-2965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #