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

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officer or director of the corporation of the Block 12 or Block 13 if changed, or on a

## FILED Mar 26 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Morthane Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P97000012056 (2) DOCUMENT # 1. Corporation Name LARRY KIMBRO AND ASSOCIATES, INC. Principal Place of Business Mailing Address 8412 RENALD BLVD 8412 RENALD BLVD **TAMPA FL 33637** TAMPA FL 33637 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/01/1997 2a. Mailing Address 2. Principal Place of Business Applied For 729 Tuscanny ST 729 Tuscanny St Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Brandon Brander Trust Fund Contribution 23 Added to Fees Country 8. This corporation owes or has paid the current year Intangible 33511 24 25 29 30 USA Personal Property Tax due June 30. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent KIMBRO, W. LARRY 8412 RENALL) BLVD Street Address (P.O. Box Number is Not Acceptable) 82 TAMPA FL 88697 в3 84 City Zip Code Brandon of, 1508, Fidrida Statutes, the above-named corporation submits this statement for the purpose of changing its registered pida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of, Section 507.0505, Florida Statutes. 11. Pursuant to the provision office or registered agent W. Larry Kimbro ed Agent signature required when reinstating) 10/91 NO DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change TITLE 1.1 TITLE W. Larry Kimbro 1.2 NAME CR2E034 NAME 729 Tuckny St STREET ADDRESS 1.3 STREET ADDRESS Brandon, M 33511 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3 1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 aport 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 of the

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Kimbon 3/26/98 (813) 689-5676