

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90134 029 \*\*\*158.75

0045378

DOCUMENT # P97000028672

1. Corporation Name  
THE KIMMIK CORPORATION

Principal Place of Business  
1725 OAKHURST AVE  
JACKSONVILLE FL 32208

Mailing Address  
1725 OAKHURST AVE  
JACKSONVILLE FL 32208



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 POST OFFICE BOX

22 City & State

27 40001  
28 JACKSONVILLE FLA

23 Zip Country

29 32203 30 DUVAL

3. Date Incorporated or Qualified

03/27/1997

4. FEI Number  
59-3437892

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DOZIER, WILENE D  
140 E BAY ST  
JACKSONVILLE FL 32220

10. Name and Address of New Registered Agent

81 Name MARION GRAHAM JR.

82 Street Address (P.O. Box Number is Not Acceptable)  
1725 OAKHURST AVE

83

84 City JACKSONVILLE FL 85 Zip Code 32208

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 *Marion Graham Jr.*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-5-99

12.

OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME GRAHAM, MARION JR.  
STREET ADDRESS 1725 OAKHURST AVE  
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE V ☐ DELETE  
NAME GRAHAM, KIMBERLY S  
STREET ADDRESS 1725 OAKHURST AVE  
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE ST ☐ DELETE  
NAME GRAHAM, CHERYL A  
STREET ADDRESS 1725 OAKHURST AVE  
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Marion Graham Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99

Date

904-764-3219

Daytime Phone #

CR2E034 (1/198)