

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
Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90001 029 ***550.00

DOCUMENT # P97000035780

Corporation Name
KIMBERLY OF SARASOTA, INC.

Principal Place of Business

S. ORANGE AVE.
SARASOTA FL 34236

Mailing Address

786 S. ORANGE AVE.
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1997

4. FEI Number

30-0000000

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

Principal Place of Business

2a. Mailing Address

26 3912 SPYGLASSHILL RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28 SARASOTA FLORIDA

Zip

Country

25

Zip

29 34238

Country

30

USA

9. Name and Address of Current Registered Agent

CASWELL & HARRIS, P.A.
1215 N. PALM AVE.
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

CHRIS CASWELL

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

2364 FRUITVILLE RD.

83

84 City

SARASOTA

FL

85

Zip Code

34237

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME
STREET ADDRESS
CITY-STATE-ZIP
NAME
STREET ADDRESS
CITY-STATE-ZIP
NAME
STREET ADDRESS
CITY-STATE-ZIP
NAME
STREET ADDRESS
CITY-STATE-ZIP
NAME
STREET ADDRESS
CITY-STATE-ZIP
NAME
STREET ADDRESS
CITY-STATE-ZIP

D
MAIER, SIEGFRIED
786 S. ORANGE AVE.
SARASOTA FL 34236
☐ DELETE
D
EDELSEBACHER, GUENTHER
786 S. ORANGE AVE.
SARASOTA FL 34236
☐ DELETE
☐ DELETE
☐ DELETE
☐ DELETE
☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

P, S
VP
☐ Change ☒ Addition
☐ Change ☒ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
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☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

Date

Daytime Phone #

09 07 99 941-925-4921

CR2E034 (11/98)