## 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

## DOCUMENT # P97000097764

1. Corporation Name

THE KIMBRELL COMPANY, INC./FLORIDA

Principal Place	Mailing Address	idress						
1300 INDIAN WELLS COURT 1300 INDIAN WELLS COURT								
MURRELLS INLET SC 29576 MURRELLS INLET SC 29576			6			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						11/17/1997		
2. Principal PI	ace of Business	2a. Mailing Address					ed For	
21		26				58-2384635 Not A	pplicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Add		
22		27			<u> </u>	5. Certificate of Status Desired  Fee Requ	ired	
City & State	e	City & State				6. Election Campaign Financing \$5.00 Ma		
23	-	28				Trust Fund Contribution Added to F	ees	
Zip	Country	Zip	_	untry		8. This corporation owes the current year Intangible Personal Property Tay	]No	
24	25	29	30	т		Personal Property Tax.		
	9. Name and Address of Current	Registered Agent		81	Name	10. Italia dia Address of Italy Registeres Agent		
BAGLEY, LINDA								
110			82 Street Address (P.O. Box Number is Not Acceptable)					
	E 200			83				
ORMOND BCH FL 32176								
				84	City	FL 85 Zip Co	de	
11 Pursuant	to the provisions of Sections 607 0502	and 607.1508. Florida Statut	es. the	above	e-named co	progration submits this statement for the purpose of changing its re-	gistered	
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Such change was a	uthonze	id by	tne corpora	ation's board of directors. I hereby accept the appointment as regis	tered	
	m tamillar wan, and actable the doubland	Kins dis Section 607.0000, Flo	nua ota	ilutes.	•	3/3/199		
SIGNATURE	Signature, typed or printed name of registered agent	and de appinable. (NOTE	Registere	d Agen	t signature requ	pired when reinstating) DATE		
12.	OFFICERS AND		13	•		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	Р	☐ DELETE 1.1 TI				☐ Change	☐ Addition	
NAME	'CROTTS, JOHN K	1.2 N		NAME				
STREET ADDRESS	1300 INDIAN WELLS COURT	,	1.3 STREE		ADDRESS		Ì	
CITY-ST-ZIP	MURRELLS INLET SC 29576	<u> </u>	1.4 CITY-5		r-ZIP			
πιε	S	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition	
NAME	BURDGE, MYRON A		2.2 NAME				ł	
STREET ADDRESS	1000 1101/11 112220 000111		2.3	STREET	ADDRESS			
CITY-ST-ZIP				CITY-S	T-ZIP	☐ Change	Addition	
TITLE	•	☐ DELETE 3.11				L.) Change	[] Addition	
NAME			3.2 NAME			•	Ì	
STREET ADDRESS	• 4•		3.3 STREE		i			
CITY-ST-ZIP			CITY-S	T-ZIP	Change	Addition		
TITLE		☐ DELETE	4.1 TITLE		1			
NAME			4. 2 NAME			,		
STREET ADDRESS			4.3 STREE				\ \	
CITY-ST-ZIP	-	☐ DELETE	4.4 CITY-1		r-ZIP	☐ Change	Addition	
TITLE		□ vere ie	5.1 TITLE 5.2 NAME		ſ	_ change		
NAME					ADDRESS	•		
STREET ADDRESS	f ■			CITY-SI			1	
CITY-ST-ZIP				TITLE		Change	Addition	
NAME		المال المال		NAME			-	
STDEET ANDRESS	, 45 to 31 to 3				ADDRESS			

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP . ...

TUMEN CIENT CRATE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), if parts. I further certify that the information indicated on this annual report or supplemental annual report is true and eccurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60%/13/564 Soul 4ANT COOPET 44 ASKOTICPAS PLANT COOPET 44 ASKOTICPAS PLANT COOPET 44 ASKOTICPAS PLANT COOPET 44 ASKOTICPAS PLANT COOPET 45 ASKOTICPAS PLANT COOPET PLANT CO P.O. BOX 3708

MYRTLE REACH, SC 29578-3708...

**FILED** 

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90119 049 \*\*\*150.00

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