

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90216 015 ***150.00

DOCUMENT # P98000018334

1. Corporation Name

SILCOX, KIDWELL, & ASSOCIATES, INC.

Principal Place of Business

4710 PRESIDENTIAL STREET
SEFFNER FL 33584

Mailing Address

4710 PRESIDENTIAL STREET
SEFFNER FL 33584

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1998

4. FEI Number

59-3497092

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

SILCOX, ERNEST S III
4710 PRESIDENTIAL STREET
SEFFNER FL 33584

10. Name and Address of New Registered Agent

81 Name

Ernest S. Silcox III

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

6506 N. FLORIDA AVE

83

Suite 102

84

City TAMPA

FL

85 Zip Code

33604

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 Ernest S. Silcox III

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

Ernest S. Silcox III

(NOTE: Registered Agent signature required when reinstating)

4-16-99

DATE

12. OFFICERS AND DIRECTORS

TITLE VSD
NAME KIDWELL, PAUL D
STREET ADDRESS 4710 PRESIDENTIAL STREET
CITY-ST-ZIP SEFFNER FL 33584

☐ DELETE

TITLE PD
NAME SILCOX, ERNEST S III
STREET ADDRESS 4710 PRESIDENTIAL STREET
CITY-ST-ZIP SEFFNER FL 33584

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VSD
1.2 NAME Paul D. Kidwell
1.3 STREET ADDRESS 6506 N. FLORIDA AVE Suite 102
1.4 CITY-ST-ZIP TAMPA, FL 33604

☒ Change

☐ Addition

2.1 TITLE P.D.
2.2 NAME Ernest S. Silcox III
2.3 STREET ADDRESS 6506 N. FLORIDA AVE Suite 102
2.4 CITY-ST-ZIP TAMPA, FL 33604

☒ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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: Paul D. Kidwell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-99 813-237-1249

Date

Daytime Phone #

CR2E034 (11/98)