

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000069980

Entity Name: S. O. KINES, JR., INC.

FILED  
Jan 06, 2012  
Secretary of State

**Current Principal Place of Business:**

4831 PHYLLIS ST.  
JACKSONVILLE, FL 32254

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 6985  
JACKSONVILLE, FL 32236

**New Mailing Address:**

FEI Number: 59-3499938

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KINES, SILAS O JR  
4831 PHYLLIS ST.  
JACKSONVILLE, FL 32254 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KINES, SILAS O JR  
Address: 4831 PHYLLIS ST.  
City-St-Zip: JACKSONVILLE, FL 32254

Title: V  
Name: KINES, WILLIAM B  
Address: 4831 PHYLLIS ST.  
City-St-Zip: JACKSONVILLE, FL 32254

Title: VST  
Name: KINES, CAROL A  
Address: 4831 PHYLLIS ST.  
City-St-Zip: JACKSONVILLE, FL 32254

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BILL KINES

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VP

01/06/2012

\_\_\_\_\_  
Date