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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

941-625-0030

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S01416

(4)

KIMBERLY PLACE, INC.									
Principal Place of Business 26315 NORTHERN CROSS RD. PUNTA GORDA FL 33983-6335		Mailing Address 26315 NORTHERN CROSS RD. PUNTA GORDA FL \$3983-6335			(13011P18 114 Object 11612 31501 11616 31111	91811 81911 B18	 	Dibit that	
						3. Date Incorporated or Qualified 09/18/1990		e of Last R 9/1996	leport
2. Principal P	lace of Business	2a. Mailing Address 26				4. FEI Number 65-0231213	······································	h	oplied For ot Applicable
Su te, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	K	\$8.75	Additional equired	
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be	
23 Zip	Country	28	Coi	untry		Trust Fund Contribution 8. This corporation has liability for i	intangible ta		to Fees . 199.032.
24	25	29	30			Florida Statutes	Yes 🗌	No	. 100.002,
<u> </u>	9. Name and Address of Current	Registered Agent		BI	Name	10. Name and Address of New Re	gistered A	gent	
COLLINS, MARK D. 26315 NORTHERN CROSS RD.									
PUNTA GORDA FL 33983				62	Street Addr	ress (P.O. Box Number is Not Acceptab	le)		
				63					
				B4	City		FL	85 Zip i	Code
11. Pursuant l office or n agent. La	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obliga	and 607.1508, Florida State of Florida. Such change was tions of, Section 607.0505, F	utes, the a s authorize Florida Sta	bove d by tutes	named corp the corporat	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of o	hanging it intment as	is registered registered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NO	OTE: Registere	ed Age	nt signature requir	red when reinstating)	DATE		
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.		The origination of the control of th	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	3S IN 12
THUE	PD	☐ DELETE	1.1 Ti	ITLE		<u>* . " </u>		Change	Addition
NAME	COLLINS, MARK D.		1.2 N	AME					
STREET ADDRESS CHY-ST-7/P	26315 NORTHERN CROSS RD PUNTA GORDA FL				ADDRESS				
TITLE	STD	DELETE	1.4 C 2.1 Ti	ITY - ST	F-ZIP			Change	Addition
NAME	COLLINS, KIMBERLY K.		2.1 H					_ Owngo	rodity.
STREET ADDRESS	26315 NORTHERN CROSS RD				ADDRESS				
CITY - ST - ZIP	PUNTA GORDA FL			CITY-S					
Tille		DELETE	311					Change	Addition
NAME			32 N	ME					
STREET ADDRESS			335	HEET	address				
City-St-Zin			34.	<u> Y - S</u>	ST-ZIP				
TITLE		☐ DELETE	4.1	E			L	Change	Addition
NAME			4. 2	Μŧ					
STREET ADORESS			4.3 \$		ADDRESS				
CHY-S1-Zif		☐ DELETE	4.4 9		T-ZIP		<u>-</u>	105000	I delition
T-TLE NAME		Detect	5.1 1	l.E			L	Change	
STREET ADORESS			5.2 N		ADDRESS				
CHY-S1-Zil				•					
TITLE		DELETE	6.1 T	!Y • S! '⊥ F	1-28			Change	Addition
NAME		_	6.2 N	•		•	•		
STREET ADDIRESS					ADDRESS				
CITY-ST-ZIP				'Y S'	1				
14. Ldo heret	by certify that the information supplied	with this filing does not qua	alify for the	AXA	motion stated	d in Section 119.07(3)(i), Florida Statutes	s. I further o	ertify that	the
Lam an of	in indicated on this annual report or su flicer or director of the corporation or t in Block 12 or Block 13 if changed, or i	he receiver or trustee empo	owered to	:XOCU	rate and that ule this repor	I my signature shall have the same lega it as required by Chapter 607, Florida S	i effect as il tatutes; and	r made und d that my r	der oath; that name