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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S66907** **(4)**

1. Corporation Name
KEN KINCAID INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
407 STEWART STREET MILTON FL 32570	407 STEWART STREET MILTON FL 32570

3. Date Incorporated or Qualified: 07/12/1991
3a. Date of Last Report: 04/22/1996

2. Principal Place of Business
21: 5259 Stewart St.
22: Suite, Apt. #, etc.
23: City & State: Milton, FL
24: Zip: 32570 25: Country: USA

2a. Mailing Address
26: 5259 Stewart St.
27: Suite, Apt. #, etc.
28: City & State: Milton, FL.
29: Zip: 32570 30: Country: USA

4. FEI Number: 59-3084422 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
KINCAID, PAUL R., JR.
407 STEWART STREET
MILTON FL 32570

10. Name and Address of New Registered Agent
81 Name: Kincaid, Paul R., Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 5259 Stewart St.
83:
84 City: Milton FL 85 Zip Code: 32570

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: Paul R. Kincaid, Jr. PAUL R. KINCAID, JR. 4-17-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	KINCAID, PAUL R., JR.		1.2 NAME	Kincaid, Paul R. Jr.	
STREET ADDRESS	407 STEWART ST.		1.3 STREET ADDRESS	5259 Stewart St.	
CITY-ST-ZIP	MILTON FL		1.4 CITY-ST-ZIP	Milton, FL 32570	
TITLE	ST	☐ DELETE	2.1 TITLE	ST	☒ Change ☐ Addition
NAME	KINCAID, PAUL R., JR.		2.2 NAME	Kincaid, Paul R., Jr.	
STREET ADDRESS	407 STEWART ST.		2.3 STREET ADDRESS	5259 Stewart St.	
CITY-ST-ZIP	MILTON FL		2.4 CITY-ST-ZIP	Milton, FL 32570	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Paul R. Kincaid, Jr. PAUL R. KINCAID, JR. 4-17-97 904 623-9424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0514858