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 # **V46826** 1. Corporation Name

RONALD B. KIDD INC.

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90138 023 ***150.00



Principal Place of Business			Mailing Address			
1118 S.E. 14TH TERRACE CAPE CORAL FL 33990			1118 S.E. 14TH TERRACE CAPE CORAL FL 33990			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
•						06/24/1992
2 Delevisor D	loss of Business	22	Mailing Address			4. FEI Number Applied For
Z. Principal P	lace of Business	—	wailing Address	_		65-0343298 Not Applicable
21		26	Suite, Apt. #, etc.			\$8.75 Additional
Suite, Apr. #, etc.		27	¬ ' '			5. Certificate of Status Desired Fee Required
City & State		21	City & State			6. Election Campaign Financing S5.00 May Be
23		28	¬ ·			Trust Fund Contribution Added to Fees
Zip	Country	-	Zip	Count	ry	8. This corporation owes the current year Intangible
24	25	29	. 3	0		Personal Property Tax.
	9. Name and Address of Current			<u> </u>		10. Name and Address of New Registered Agent
-				8	1 Name	
KIDD, RONLAD B. 1118 S.E. 14TH TERRACE					2 Street Ad	dress (P.O. Box Number is Not Acceptable)
					Sireer Adi	dipod (1.0. Dox Haillion to Hot Hoodplable)
CAP	E CORAL FL 33990			8	3	
					4 City	85 Zip Code
				ľ	- City	FL s Z Code
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN		CTORS	13.	gent signature requ	ited when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD		DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KIDD, RONALD B.			1.2 NAMI	Ε	
STREET ADDRESS	1118 S.E. 14TH TERRACE			1,3 STRE	ET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL			1.4 CITY	-ST-ZIP	
TITLE	S		☐ DELETE	2.1 TITLE	:	· Change Addition
NAME	KIDD, LYNDA			2.2 NAM	E	•
STREET ADDRESS	_ 1118 S.E. 14TH_TERRACE	_		2.3 STRE	ET ADDRESS .	
CITY-ST-ZIP	CAPE CORAL FL			2.4 CITY	-ST-ZIP	
TITLE			□ DELETE	3.1 TITLE	· \	Change Addition
NAME				3.2 NAM	E	
STREET ADDRESS					EET ADDRESS	I
CITY-ST-ZIP					-ST-ZIP	
TITLE	ζ,		☐ DELETE	4.1 TITLE	1	/ ☐ Change ☐ Addition
NAME	} ^			4.2 NAN		•
STREET ADDRESS					EET ADDRESS	
CITY-ST-ZiP				_	-ST-ZIP	Change Addition
TITLE			☐ DELETE	5.1 TITUS 5.2 NAM	I .	
NAME				4		
STREET ADDRESS	1			1	EET ADDRESS	
CITY-ST-ZIP			□ DELETE	5.4 CITY 6.1 TITLI		Change
TITLE			· C DETEIE	6.1 MAM		
NAME					EET ADDRESS	
STREET ADDRESS					i	•
CITY OT 7ID	I			6.4 C/TY	-SI-ZIP	

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: