

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000027481

Entity Name: KINCAID PLASTICS, INC.**Current Principal Place of Business:**2400 CORPORATE BLVD
BROOKSVILLE, FL 34604**Current Mailing Address:**2400 CORPORATE BLVD
BROOKSVILLE, FL 34604 US**FEI Number:** 27-2243377**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KINCAID, JERRY L
2400 CORPORATE BLVD
BROOKSVILLE, FL 34604 US*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**Officer/Director Detail :**

Title	D
Name	KINCAID, JERRY L
Address	1427 LAKE POLO DR.
City-State-Zip:	ODESSA FL 33556

Title	D
Name	KINCAID, MAURINE S
Address	1427 LAKE POLO DR.
City-State-Zip:	ODESSA FL 33556

Title	P
Name	KINCAID, JERRY L
Address	1427 LAKE POLO DR.
City-State-Zip:	ODESSA FL 33556

Title	S
Name	KINCAID, MAURINE S
Address	1427 LAKE POLO DR.
City-State-Zip:	ODESSA FL 33556

Title	T
Name	KINCAID, JERRY L
Address	1427 LAKE POLO DR.
City-State-Zip:	ODESSA FL 33556

Title	COO
Name	KINCAID, JONATHAN DAVID
Address	2400 CORPORATE BLVD
City-State-Zip:	BROOKSVILLE FL 34604

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: JERRY KINCAID**PRESIDENT****02/06/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date