

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 PM 1:00

DOCUMENT # **810081** (0)

1. Corporation Name

POOLE AND KENT COMPANY THE

Principal Place of Business

Mailing Address

4530 HOLLINS FERRY ROAD
BALTIMORE MD 21227

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BALTIMORE MD 21227

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		11/17/1954	04/18/1994
22. State, Apt. #, etc.		27. State, Apt. #, etc.		4. FEI Number	Applies For
				52-0617984	Not Applicable
23. City & State		20. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input checked="" type="checkbox"/> Yes	
24. Zip	25. Country	29. Zip	30. Country	6. Election Campaign Financing	\$5.00 May Be Added to Fees
				Trust Fund Contribution	<input type="checkbox"/> No
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CARTER, RICHARD C., ATTY. SUITE 1910, ONE BISCAYNE TOWER MIAMI FL 33131				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City
				FL	B5 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and the corporation; (b)(1). Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUNG, R C	1.2 NAME	
STREET ADDRESS	12337 PANS SPRING CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	ELLCOTT CITY MD	1.4 CITY-ST-ZIP	
TITLE	VPS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOFFREGEN, W. D	2.2 NAME	
STREET ADDRESS	8616 GOLDENWOOD ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	VALTIMORE MD	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, E G	3.2 NAME	(RETIRED)
STREET ADDRESS	925 S ALHAMBRA CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 08000	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, W W	4.2 NAME	
STREET ADDRESS	9600 SW 92ND AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 08000	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, S. C.	5.2 NAME	
STREET ADDRESS	9530 S.W. 92ND AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUNG, R C	6.2 NAME	
STREET ADDRESS	12337 PANS SPRING CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	ELLCOTT CITY MD	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE: *Raymond C Jung* **RAYMOND C JUNG V, S, T** 1/12/95 410-247-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR