2002 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2002 8:00 am Secretary of State DOCUMENT # K61841 1. Entity Name 04-17-2002 90053 019 ***150.00 KEN-NEL ENTERPRISES, INCORPORATED Principal Place of Business Mailing Address DT 2 BOX 178F RT-2-BOX 178F-MONTICELLO FL 32344 MONTICELLO FL 32344 2. Principal Place of Business 3. Mailing Address 1517 FULFORD RD. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE MONTICELLO, FL 32344 City & State 4. FEI Number City & State Applied For 59-2937691 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THIEL, KENNETH BEZBOX 178 1517 FULFORD RD Street Address (P.O. Box Number is Not Acceptable) MONTICELLO FL 32344 City Zip Code 8. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE Change ☐ Addition THIEL, KENNETH 1517 NAME NAME RES-BOX-178F FULFORD RD STREET ADDRESS STREET ADDRESS MONTICELLO FL CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete DVS NAME NAME THIEL, NELDA 1517 STREET ADDRESS RR-2 BOX-178F FULFORD RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Monticello fl ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02

656-1472