

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -7 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **160432** (1)

1. Corporation Name
KENT ENTERPRISES, INC.

Principal Place of Business Mailing Address
2870 UNIVERSITY BLVD.W., STE. 103 **2870 UNIVERSITY BLVD.W., STE. 103**
P.O.BOX 10066 **P.O.BOX 10066**
JACKSONVILLE FL 32217-2105 **JACKSONVILLE FL 32217-2105**

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		02/04/1950	03/30/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-0900689	Not Applicable
24 Zip		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		<input type="checkbox"/>	<input type="checkbox"/>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
KENT, J. CLEVELAND 2870 UNIVERSITY BLVD.W., STE. 103 JACKSONVILLE FL 32217				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City
				B5	Zip Code
				FL	

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 title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENT, FRED H.	1.2 NAME	
STREET ADDRESS	2970 ST. JOHNS AVE #12A	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	32205
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOCKWOOD, NORMA K.	2.2 NAME	
STREET ADDRESS	4844 ARAPAHOE AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	32210
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENT, JOHN B.	3.2 NAME	
STREET ADDRESS	4948 MORVEN RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP	32210
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENT, J. CLEVELAND	4.2 NAME	
STREET ADDRESS	4804 ARLOH LANE	4.3 STREET ADDRESS	2870 UNIVERSITY BLVD WEST, SUITE 103
CITY - ST - ZIP	JACKSONVILLE FL	4.4 CITY - ST - ZIP	JACKSONVILLE FL 32217
TITLE	DS	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENT, NORMA F.	5.2 NAME	
STREET ADDRESS	2970 ST. JOHNS AVE #12A	5.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	5.4 CITY - ST - ZIP	32205
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOANN F. GREEN	6.2 NAME	JOANN F. GREEN
STREET ADDRESS	2870 UNIVERSITY BLVD WEST, STE 103	6.3 STREET ADDRESS	2870 UNIVERSITY BLVD WEST, SUITE 103
CITY - ST - ZIP	JACKSONVILLE, FL 32217	6.4 CITY - ST - ZIP	JACKSONVILLE FL 32217

14. I 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 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: *JOAN B. Kent* JOHN B. KENT VICE PRESIDENT 3/2/95 904-358-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER