

**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.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**02/04/1950**      **03/30/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-0900689		Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		25. Country		29. Zip		30. Country	
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	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 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**      **3/2/95**      **904-358-1000**  
(Signature and typed or printed name of signing officer or director)