

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **160432** (1)

1. Corporation Name
KENT ENTERPRISES, INC.



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

3. Date Incorporated or Qualified 02/04/1950	3a. Date of Last Report 03/07/1995
4. FEI Number 59-0900689	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**KENT, J. CLEVELAND
2870 UNIVERSITY BLVD.W., STE. 103
JACKSONVILLE FL 32217**

10. Name and Address of New Registered Agent

61. Name	62. Street Address (P.O. Box Number is Not Acceptable)	63.	64. City	65. 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 607.0509, Florida Statutes.

SIGNATURE

Signature type for principal, director, registered agent, and officer (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12. TITLE	<input type="checkbox"/> DELETE
NAME	DP KENT, FRED H.
STREET ADDRESS	2970 ST. JOHNS AVE #12A
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	TD LOCKWOOD, NORMA K.
STREET ADDRESS	4844 ARAPAHOE AVE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	VD KENT, JOHN B.
STREET ADDRESS	4948 MORVEN RD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	D KENT, J. CLEVELAND
STREET ADDRESS	2870 UNIVERSITY BLVD WEST STE. 103
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	DS KENT, NORMA F.
STREET ADDRESS	2970 ST. JOHNS AVE #12A
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	AS GREEN, JOANN F
STREET ADDRESS	2870 UNIVERSITY BLVD., WEST, STE 103
CITY - ST - ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. 1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DELETE (DECEASED)
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	
2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	
3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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 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: *John B. Kent, Vice President* 3/8/96 904/731-9616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)