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Apr 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
2870 UNIVERSITY BLVD.W. STE. 103
P.O.BOX 10088
JACKSONVILLE FL 32217-2105
2870 UNIVERSITY BLVD.W. STE. 103
P.O.BOX 10088
JACKSONVILLE FL 32217-2105

3. Date Incorporated or Qualified 02/04/1950 3a. Date of Last Report 03/12/1996
4. FEI Number 59-0900689 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ 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 Country 29 Zip Country
24 25 29 30

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
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD V	1.1 TITLE	V
NAME	LOCKWOOD, NORMA K.	1.2 NAME	
STREET ADDRESS	4844 ARAPAHOE AVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	1.4 CITY- ST- ZIP	
TITLE	DE	2.1 TITLE	D
NAME	KENT, JOHN B.	2.2 NAME	
STREET ADDRESS	4948 MORVEN RD	2.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	2.4 CITY- ST- ZIP	
TITLE	D	3.1 TITLE	
NAME	KENT, J. CLEVELAND	3.2 NAME	
STREET ADDRESS	2870 UNIVERSITY BLVD WEST STE. 103	3.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	3.4 CITY- ST- ZIP	
TITLE	DS	4.1 TITLE	
NAME	KENT, NORMA F.	4.2 NAME	
STREET ADDRESS	2970 ST. JOHNS AVE #12A	4.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	4.4 CITY- ST- ZIP	
TITLE	AS	5.1 TITLE	
NAME	GREEN, JOANN F	5.2 NAME	
STREET ADDRESS	2870 UNIVERSITY BLVD., WEST, STE 103	5.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/97 (904) 731-9616
Date Daytime Phone

CR2E034 (9/96)