


4-15-98 B. 4740 -c  
**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 15 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/04/1950	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-0900689	
24 Country		29 Country		30 Country	
25 Country		29 Country		30 Country	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

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	<b>JOHN B. KENT</b>	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>225 WATER STREET</b>	
83	<b>SUITE 900</b>	
84 City	<b>JACKSONVILLE</b>	85 Zip Code <b>32202</b>

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: John B. Kent **JOHN B. KENT, REGISTERED AGENT / DIRECTOR** DATE: **4/9/98**

12. OFFICERS AND DIRECTORS

TITLE	TDV	<input type="checkbox"/> DELETE
NAME	LOCKWOOD, NORMA K.	
STREET ADDRESS	4844 ARAPAHOE AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KENT, JOHN B.	
STREET ADDRESS	4948 MORVEN RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KENT, J. CLEVELAND	
STREET ADDRESS	2870 UNIVERSITY BLVD WEST STE. 103	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GREEN, JOANN F	
STREET ADDRESS	2870 UNIVERSITY BLVD., WEST, STE 103	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 **DIRECTOR** DATE: **4/9/98** PHONE: **904/731-9616**

CR2E034 (10/97)