

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000015913

1. Entity Name
KENWORTH OF JACKSONVILLE, INC.



FILED

04 OCT 18 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6855 SYLVAN WOODS DR
SANFORD, FL 32771

Mailing Address
6855 SYLVAN WOODS DR
SANFORD, FL 32771

2. Principal Place of Business
833 Picketville Rd.

3. Mailing Address
833 Picketville Rd.

REINSTATEMENT

10072004 REINSTATEMENT 002E098 (6/04)

City & State
Jacksonville, FL
Zip
32220
Country
USA

City & State
Jacksonville, FL
Zip
32220
Country
USA

4. FEI Number
75-3100853

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STONEBURNER, GRESHAM R
ONE INDEPENDENT DR STE 2000
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent
Name
Gresham R. Stoneburner
Street Address (P.O. Box Number is Not Acceptable)
841 Prudential Dr., Suite 1400
City Jacksonville FL Zip Code 32207

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gresham R. Stoneburner*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-13-04

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME ROSS, DENNY
STREET ADDRESS 6855 SYLVAN WOODS DR
CITY-ST-ZIP SANFORD, FL 32771

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/P ☒ Change ☐ Addition
NAME Denny Ross
STREET ADDRESS 833 Picketville Rd, Jax, FL 32220
CITY-ST-ZIP

TITLE S/CFO ☐ Change ☒ Addition
NAME Jeffrey A. Burgess, Sr.
STREET ADDRESS 833 Picketville Rd.
CITY-ST-ZIP Jacksonville, FL 32220

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeffrey A Burgess Sr 10/18/04 904 739 2296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #