

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:47

DOCUMENT # 437614 (1)

1. Corporation Name
PAUL C. KENSON, JR. AND ASSOCIATES, INC.

Principal Place of Business Mailing Address
5701 OVERSEAS HWY STE 10 P.O. BOX 92 MARATHON FL 33050
5701 OVERSEAS HWY STE 10 P.O. BOX 92 MARATHON FL 33050

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	5701 OVERSEAS HWY	26	P O BOX 92	10/05/1973	04/06/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22 SUITE 17		27		59-1472153	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 MARATHON FL		28 MARATHON FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This Corporation has liability for intangible tax under S. 199.032, Florida Statutes	
24 33050	25 USA	29 33050	30 USA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DEVANE, WILLIAM N. JR. 5701 OVERSEAS HWY STE 17 MARATHON FL 33050				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KENSON JR., PAUL C.	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS	330 EAST WABOON ROAD P O BOX 92	13 STREET ADDRESS	
CITY, ST, ZIP	MARATHON FL	14 CITY, ST, ZIP	
TITLE	ST KENSON PAUL C. JR.	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS	330 EAST WABOON ROAD P O BOX 92	23 STREET ADDRESS	
CITY, ST, ZIP	MARATHON FL	24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the undersigned is a duly qualified officer or director of the corporation and that my signature shall be on the same as required by the law. It is my duty to appear in this report and to certify that the information is true and correct. I am not responsible for the accuracy of the information provided by the corporation and I am not responsible for the accuracy of the information provided by the corporation.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON THIS FORM
PAUL C. KENSON JR.
2-10-95 305/743-3585