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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

(2)

DOCUMENT #
1. Corporation Name IIM KENNEDY, INCORPORATED

	JIN NE	MNEU1	, incontoliated												
 Pri	ncipa! Place of	Business		Mai	ing Address										
	2110 OLD DA	AYTONA R	0	2110 OLD DAYTONA RD DAYTONA FL 32124											
	•									3. [Date Incorporated or Qualified 01/30/1974	3a. Date (<u> </u>	995	
2. Principal Place of Business				2a. Mailing Address 26						4. 1	FEI Number 59-1511337		<u></u>	Applied For Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. <	Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State				City & State					'	Election Campaign Financing Trust Fund Contribution		Addie	O May Be d to Fees		
	Zip	Country 25			Zip Coul 29 30			ountry			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes				
24	L	9. Name	and Address of Curren		tered Agent					10.	Name and Address of New	Registered A	gent		
							81	81 Name						•	
	WARRE			82 Street Address (P.O. Box Number is Not Acc					ble)						
2110 OLD DAYTONA RD DAYTONA BCH,F L 32124			1			83									
ļ							84	1	ity			FL	1	ıp Code	
	or registered familiar with	d agent, or i, and acce	r both, in the State of Floris opt the obligations of, Sect torproted name of registered agent	ion 607.	0505, Florida Statutes	i,			nature required	d when re	ubmits this statement for the prectors. I hereby accept the ap	DATE			
-	2.	agnature, type	OFFICERS AN	D DIREC	CTORS	1	3.				ADDITIONS/CHANGES TO O				
	IILE	PD			☐ DELETE	1.	1 TITLE					L	Change	Addition Addition	
1	IAME		ren, scott			1.3	2 NAME								
s	THEET ADDRESS		OLD DAYTONA RD			1.	3 STREE	(ADI	DRESS						
	CITY - ST - ZIP		tona fl				4 CITY -		iP			r	Change	☐ Addition	
ī	FILE	SD			☐ DEFELE		1 TITLE					•			
1	IAME		RREN, RUTHE			1	2 NAME								
1 5	STREET ADDRESS		OLD DAYTONA RD				3 STREE								
	CITY - ST - ZIP	DAY	TONA FL		DELETE		4 CITY - 1 TITLE		nP				Cnange	Addition	
1	IIILE				Directo		2 NAME		1						
İ	NAME						3. STREE		DDRESS						
	STREET ADDRESS						.4 CITY-								
_	CITY-ST-ZIP TITLE				DELETE		. 1 TITLE						Charge	e 🔲 Addition	
- 1					_	4	.2 NAME	E	ļ						
- [NAME					4	3 STREE	ET AC	DRESS						
- 1	STREET ADORESS CITY-S1-74P	1				4	4.4 CITY	- \$ T-	ZIP					- Eddition	
-	TITLE				☐ DELETE	!	1 TITLE	€	1				Chang	e 🗌 Addition	
- i	NAME						5.2 NAME		1						
- 1	STREET ADDRESS	1					5.3 STRE	ET A!	DORESS						
- 1	CITY-ST-ZIP						5.4 CITY		ZIP			 —	Chang	e Addition	
_	101.E	T			DELETE		6 1 TITLI						L-1 -7.44		
-	NAME						62 NAMI								
	STREET ADDRESS					•	6.3 STRE	ET A	DDRESS						

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. PULLE Warren 4-2-96 904-258-3060

6 4 CITY - ST - ZIP