FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 506991

Country

9. Name and Address of Current Registered Agent

25

1. Corporation Name

KENTRONICS, INC.

Principal Place of Business

JACKSONVILLE FL 32244

Suite, Apt. #, etc.

City & State

SUITE 4

21

23

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Zıp

6327 ARGYLE FOREST BOULEVARD

2. Principal Place of Business

KING, DAVID A.

ATTORNEY AT LAW 1416 KINGSLEY AVE.

ORANGE PARK FL 32073

Mailing Address

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28

29

Zip

C/O DAVID A. KING, ATTORNEY 1416 KINGSLEY AVENUE ORANGE PARK FL 32073

2a. Mailing Address

City & State

Suite, Apt. #, etc

FILED

Secretary of State

03-17-1999 90150 019 ***158.75

Mar 17, 1999 8:00 am

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/12/1976 4, FEI Number Applied For Not Applicable 59-1683962 \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution This corporation owes the current year Intangible □No Yes Personal Property Tax. 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Zip Code

85

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.

Country

81 Name

82

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84 City

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SIGNATURE Signature: typed or printed name of registered agent and title if applicable INOTE. Registered Agent signature required when reinstating) DATE			
12.	OFFICERS AND DIRECTORS	13	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD DELETE	1; TITLE	Change Addition
NAME	KENT, THOMAS M.	12 NAME	
STREET ADDRESS	6327-4 ARGYLE FOREST BV.	13 STREET ADDRESS	
CITY-S1-ZIP	JACKSONVILLE FL	1.4 CITY-S1-ZIP	
TITLE	☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY-ST-ZIP	_	2 4 City ST-7IP	
TITLE	□ DELETE	3170746	☐ Change ☐ Adoition
NAME		3.2 NAME	
STREET ADDRESS		33 STREET ADDRESS	
ÇITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	4 1 TITLE	Change Addition
NAME		4 2 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZiP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP	<u></u>	54 CITY-ST-ZIP	
TITLE	DELETE	8 1 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP	The state of the s	64 CITY-ST-ZIP	Code 449.07/29// Claride Statutes I further partity that the information

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 informationate 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, with all other like perpowered.

Daytime Phone #