

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 536674

(5)

1. Corporation Name

KENT INVESTMENTS, INC.



Principal Place of Business

225 WATER STREET, SUITE 900
JACKSONVILLE FL 32202-4413

Mailing Address

225 WATER STREET, SUITE 900
JACKSONVILLE FL 32202-4413

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt., #, etc.

26

Suite, Apt., #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

KENT, JOHN B
225 WATER STREET, SUITE 900
JACKSONVILLE FL 32202

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0402 and 607.1503, 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 607.0402, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of President or Director

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	KENT, JOHN B.	
STREET ADDRESS	4948 MORVEN ROAD	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	ST	☐ DELETE
NAME	KENT, MONETT P.	
STREET ADDRESS	4948 MORVEN ROAD	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	☐ Change ☐ Addition
5. NAME	
6. STREET ADDRESS	
7. CITY-STATE-ZIP	☐ Change ☐ Addition
8. NAME	
9. STREET ADDRESS	
10. CITY-STATE-ZIP	☐ Change ☐ Addition
11. NAME	
12. STREET ADDRESS	
13. CITY-STATE-ZIP	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	☐ Change ☐ Addition

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)(g), 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 file this report as required by Chapter 637, Florida Statutes; and that my name appears in Book 12 or Book 137 changes, or on an attachment with an address.

SIGNATURE:

John B. Kent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

3/26/96

904/384-1026

CR2E034 (12/95)