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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 618962 (5)

1. Corporation Name

FLOKEN ASSOCIATES, INC.



Principal Place of Business

**8457 GRANADA BLVD.
ORLANDO FL 32836-5473**

Mailing Address

**8457 GRANADA BLVD.
ORLANDO FL 32836-5473**

3. Date Incorporated or Qualified

04/27/1979

3a. Date of Last Report

01/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KENNEDY, JOHN J
8457 GRANADA BLVD.
ORLANDO FL 32836 - 5473**

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **D
BLOMFIELD, ALEXIS E**
STREET ADDRESS **5701 JADE DRIVE**
CITY-STATE-ZIP **TROY MI**

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **DVS
KENNEDY, MARIE V**
STREET ADDRESS **8457 GRANADA BLVD.**
CITY-STATE-ZIP **ORLANDO FL**

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME **D
KENNEDY, DENNIS G.**
STREET ADDRESS **492 TIMBERLEA DR #108**
CITY-STATE-ZIP **ROCHESTER HILLS MI**

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **PTD
KENNEDY, JOHN J**
STREET ADDRESS **8457 GRANADA BLVD.**
CITY-STATE-ZIP **ORLANDO FL**

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **D
KENNEDY, SAM J**
STREET ADDRESS **4520 CLUBVIEW DR.**
CITY-STATE-ZIP **ADRIAN MI**

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE ☒ Change ☐ Addition

NAME **D
KENNEDY, TIMOTHY R**
STREET ADDRESS **11 GLENKIRK DRIVE**
CITY-STATE-ZIP **CHARLESTON SC**

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

**D
LT. COM Timothy R. Kennedy MC
Naval Hospital 29405
3502 Rivers, N. Charleston SC**

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.

SIGNATURE: John J. Kennedy, Pres. *John J. Kennedy* **January 13, 1996 407 876 5475**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)