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

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT # 633117

(7)

SIGNATURE: _

KENT-	CARROLL CORP.	• • •), 8,8,4,8,18,4,8,18,4,8,18,4,8,18,4,8,18,4,8,18,4,8,18,4,8,18,4,8,18,4,8,18,4,8
Principal Place	e of Business	Mailing Address			1
3711 5TH AV ST. PETERSB US	E NO BURG FL 33713	1244 COUNTRY CLU St. Petersburg Fl			
				3. Date Incorporated or Qualified 3a. 08/17/1979	Date of Last Report 05/01/1995
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	#	26		59-1934179	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	9	City & State			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	This corporation has liability for intangible	Added to Fees
24	25	29	30	Florida Statutes 🖫 Yes 🔲 N	
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Register	red Agent
CARROLL	LUCATION		81 Name		
CARROLL, KENTON L. 1244 COUNTRY CLUB ROAD N.			82 Street	Address (P.O. Box Number is Not Acceptable)	
	ERSBURG FL 33710		83		
01. 1 616	100000 FE 337 10		63		
			84 City		85 Zip Code
11. Pursuant to	o the provisions of Sections 607.0502	and 607 1508. Florida Statu	ites the above named o	Organism outpetts this state - 16 vill	-P 1 1 '
or registere familiar wit	ed agent, or both, in the State of Floric h, and accept the obligations of, Secti	da. Such change was author ion 607.0505, Florida Statute	ized by the corporation's	orporation submits this statement for the purpose of board of directors. I hereby accept the appointment	changing its registered office tas registered agent. I am
SIGNATURE	Signature, typed or printed name of registered agent				
12.	OFFICERS AND		OTE: Registered Agent signature i		
TITLE	PTO	DELETE	1. 1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12 Change Addition
NAME	CARROLL, KENTON L.		1.2 NAME		☐ cuande ☐ vacilion
STREET ADDRESS	1244 COUNTRY CLUB RD. N.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY - ST - ZIP		
TITLE	VSD	DELETE	2 1 TITLE		Change Addition
NAME	CARROLL, DIANNE D.		2 2 NAME		
STREET ADDRESS	1244 COUNTRY CLUB RD. N. ST. PETERSBURG FL		2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	31. PETENSBUNG FL	F3 85 556	2.4 CITY-ST-ZIP		
NAME		DELETE	3 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP			3.3. STREET ADDRESS		
TITLE		DELETE	3.4 C(TY - ST - Z(P 4. 1 T(TLE		[] (harry [] harry
NAME		—	4.2 NAME		Change
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6. 1 TITLE		Change Addition
NAME STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
14. do hereby	certify that the information supplied w	ith this filing is voluntarily for	6.4 CITY-ST-ZIP	lify for the exemption stated in Section 119.07(3)(k),	
oath: that La	he information indicated on this annua am ar: officer or director of the corpora Block 12 or Block 13 if changed for or	ation or the receiver or truete	o ompositored to allu acc	irly for the exemption stated in Section 119.07(3)(k), curate and that my signature shall have the same lege this report as required by Chapter 607, Florida State.	Florida Statutes. I further pal effect as if made under tutes; and that my name