

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Linda B. Morrison
JANUARY 1, 1995
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 25 AM 9:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 668254

(6)

1. Corporation Name

KENT WILLIAMS SALES, INC.

Principal Place of Business

**C/O KENT WILLIAMS
1718 EMERSON STREET
JACKSONVILLE FL 32207-5832**

Mailing Address

**C/O KENT WILLIAMS
1718 EMERSON STREET
JACKSONVILLE FL 32207-5832**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/29/1980

3a. Date of Last Report

04/19/1994

4. FEI Number

59-1991828

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. This corporation has liability for intangible tax under S. 100.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

25
Country

29
Zip

30
Country

9. Name and Address of Current Registered Agent

**WILLIAMS, KENT
1214 NICHOLSON RD
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

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 provisions of, Sections 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and tax ID number

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PD
NAME WILLIAMS, S KENT
STREET ADDRESS 1214 NICHOLSON ROAD
CITY - ST - ZIP JACKSONVILLE, FL 00000**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

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CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1. 1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP**

**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP**

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP**

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP**

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP**

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP**

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 110.07(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:

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kent Williams 4-21-95 904-396-7424