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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 

F07864

(4)

1. Corporation Name J. KENNEDY AND ASSOCIATES, INC.

0. 1.21										
Principal Place of	of Business	Mailing Address				f shiftene fall marit imant imen a	40)( 0)01 0)01	E(B(E #181) 0191		
35 GLENLAP ATLANTA G	KE PKY STE.475 A 30328	35 GLENLAI ATLANTA G	KE PKY STE.475 A 30328							
						3. Date Incorporated or Qualified 12/04/1980	3a. Da	e of Last Rep 04/20/19	•	
2. Principal Plac	ce of Business	2a. Mailing Addr	ess			4. FEI Number		A	pplied For	
21		26				59-2048136				
Suite, Apt. #	, etc.					Fee Requir			ast Report 20/1995  Applied For Not Applicable 8.75 Additional Fee Required \$5.00 May Be Added to Fees dor's 199.032, Int  5 Zip Code Ig its registered office stered agent. Lam  BECTORS IN 12 hange Addition  Thange Addition  Thange Addition	
City & State		City & State				Trust Fund Contribution		Added	to Fees	
Zip <b>24</b>	Country 25	Zip <b>29</b>	Zip Country 30			Florida Statutes 🔲 Yes 🔀 No				
	9. Name and Address of Current	Registered Agent		·		10. Name and Address of New I	Registered	Agent		
		Suite, Apt. #, etc. 27  City & State  City & State  City & State  Country  Added to Fees  Election Campaign Financing Trust Fund Contribution  Trust Fund Contribution  Added to Fees  Election Campaign Financing Trust Fund Contribution  Added to Fees  Added to Fees  Financial Statutes  Fonda Statutes  Fonda Statutes  B1 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83  B4 City  FL 85 Zip Code  Pand 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am ton 607.0505, Florida Statutes  FROM The Registered Agent is given required who rerecting:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  DELETE  1.1 Interval and Country  1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.4 City S1-2ip  Total  Change Addition  SOUNTRY  Addition  Fee Required  St. 50.0 May Be Added to Fees  Trust Fund Contribution  Added to Fees  Trust Fund Contribution  St. 50.0 May Be Added to Fees  Trust Fund Contribution  Added to Fees  Total  Total  Conange Addition  The Conange Addition  Th								
GATLIN, B KENNETH 318 NO MONROE ST				82 Street	et Addres	ss (P.O. Box Number is Not Acceptal	ole)			
	HASSEE FL 32302			83						
				84 City				<b>85</b> Zip	Code	
				11 1				<u> </u>		
familiar with	n, and accept the obligations of, Sections	n 607.0505, Florida nd tire (Lapplicable	Statules. (NOTE: Register	ed Agent signatu		when reinstating)	EIATE			
12.	OFFICERS AND					ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	PS	∐ DE						C Change	Madition	
NAME	BARON, STEPHEN J.									
STREET ADDRESS	35 GLENLAKE PKY STE.475				is					
CITY - ST - ZIP	ATLANTA GA	C DE						☐ Channe	□ Addition	
TITLE	TV			NAME					<u> </u>	
NAME	FALKENBERG, RANDALL 35 GLENLAKE PKY STE 475	<u> </u>		STREET ADDRES						
STREET ADDRESS	ATLANTA GA	•		CITY - ST - ZIP	>>					
CHTY-ST-ZIP TITLE	AILANIA GA	[] DE		TITLE				Change	☐ Addition	
NAME				NAME	1					
STREET ADDRESS				STREET ADDRE	ss					
CITY-ST-ZIP			1	CITY-ST-ZIP						
TITLE		□ DE		TITLE				Change	Addition	
NAME			4.2	NAME						
STREET ADDRESS			43	STREET ADDRES	SS					
CITY-ST-ZIP			4.4	CiTY-ST-ZIP						
TITLE		☐ DE	LETE 5	1 TITLE				☐ Change	■ Addition	
NAME			5.2	NAME						
STREET ADDRESS			53	STREET ADDRE	SS					
CITY-ST-ZIP				CITY-ST-ZIP					<b>6</b> 3	
TITLE		□ DE	LETE 6	1 TITLE				Change	Add-tion	
NAME			6.2	NAME						
STREET ADDRESS			63	STREET ADDRE	ss					
CITY ST-7IP			64	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 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: Starte AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY BARON 4/15/96 770-395-1288