## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # F70798

(6)

Mailing Address

THOMAS G. KENNY & ASSOCIATES, INC.

May 06 1997 8:00am Secretary of State

**FILED** 

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6121 S.E. SHILOH TERR. HOBE SOUND FL 33455		8121 S.E. SHILOH TERR. HOBE SOUND FL 33455-4049				
					3. Date Incorporated or Qualified 03/08/1982	3a. Date of Last Report 05/01/1996
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number 65-0117523	Applied For
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.				Not Applicat  \$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & Sta	ale	City & State			6. Election Campaign Financing	\$5.00 May Be
Zip	Country	700	T Count	···	Trust Fund Contribution	Added to Fees
24	25	Zip 29	Count 30	ry	8. This corporation has liability for in Florida Statutes	nlangible tax under s. 199.032, Ì Yes          No
<u></u>	9. Name and Address of Curre		1301		10. Name and Address of New Re	
KE	NNY, THOMAS G., III		В	1 Name		
812	21 S.E. SHILOH TERR.		8:	2 Street Aric	dress (P.O. Box Number is Not Acceptab	(a)
HO	BE SOUND FL 33455		L		areas (1.0. Beat Hamber is that Aleceptus	
			8:	3		
			8	4 City		85 Zip Codo
11. Pursuan	to the provisions of Costions 207 Of	00 and 007 4500 Flexists 01-1				
office or	registered agent, or both, in the Sta	te of Florida. Such change wa	iutos, the abo s authorized b	ve-named cor by the corpora	rporation submits this statement for the partion's board of directors. I hereby accep	urpose of changing its registere t the appointment as registered
agent. I	am tamiliar with, and accept the obli	gations of, Section 607.0505, I	Florida Statuti	98.		
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (N	OTF: Registered A	gent signature requ	Jirod when reinstating)	DATE
12,		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	☐ DELETE	1.1 TITLE			Change Addit
NAME	KENNY, THOMAS G., III		1.2 NAME			
STREET ADDRESS	8121 S.E. SHILOH TERR.		1.3 STREE	ET ADDRESS		
CITY-ST-ZIP	HOBE SOUND	DELETE	1.4 CITY -			
TITLE NAME	KENNY, SANDRA V. H.	Uttere	2.1 1/1LF			L Change L Addili
STREET ADDRESS	A444 A P ALM ALL SEAN		2.2 NAME			
CITY-ST-ZIP	HOBE SOUND		2.3 SINCE 2.4 CITY	ET ADDRESS		
TITLE		DELFTE	3.1 7(1)	-31-21		Change Additi
NAME			3.2 NAME	:		
STREET ADDRESS			3.3 STREE	E1 ADDRESS		
CITY-ST-ZIP			3.4, CITY	-ST-ZIP		
TITLE		DELFTE	4.1 TITLE			Change Additi
NAME			4. 2 NAM	ŧ		
STREET ADDRESS			4.3 STREI	ET ADDRESS		
CITY-ST-ZIP		Ottere	4.4 CITY-	\$1-ZIP		T 05
TITLE		L] DELETE	5.1 TITLE			Change Additi
NAME STREET ADDRESS			5.2 NAME			
CITY-ST-ZIP				ET ADDRESS		
TITLE		DELETE	5.4 CITY- 6.1 TITLE			Change Additi
NAME		Marine - Property	6.2 NAME		•	ET Automate ET Magni
STREET ADORESS				1 ADDRESS		
CITY-ST-ZIP			6.4 CHY-			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 logal effect as if made under eath; 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.