

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 # G63235 (7)

1. Corporation Name
UNIVERSAL KENCO, INC.



Principal Place of Business: **C/O KEN N. WINEBARGER, 2646 LASSO LANE, LAKELAND FL 33801**
Mailing Address: **C/O KEN N. WINEBARGER, 2646 LASSO LANE, LAKELAND FL 33801**

3. Date Incorporated or Qualified: **10/03/1983** 3a. Date of Last Report: **01/13/1995**
4. FEI Number: **59-2327310** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**WINEBARGER, KEN N.
2646 LASSO LANE
LAKELAND FL 33801**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code: **FL**

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 date of application

Signature, typed or printed name of new registered agent and date of application

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD	<input type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WINEBARGER, KEN N.		1.2 NAME
STREET ADDRESS: 2646 LASSO LANE		1.3 STREET ADDRESS
CITY-ST-ZIP: LAKELAND FL		1.4 CITY-ST-ZIP
TITLE:	<input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		2.2 NAME
STREET ADDRESS:		2.3 STREET ADDRESS
CITY-ST-ZIP:		2.4 CITY-ST-ZIP
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME
STREET ADDRESS:		3.3 STREET ADDRESS
CITY-ST-ZIP:		3.4 CITY-ST-ZIP
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME
STREET ADDRESS:		4.3 STREET ADDRESS
CITY-ST-ZIP:		4.4 CITY-ST-ZIP
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME
STREET ADDRESS:		5.3 STREET ADDRESS
CITY-ST-ZIP:		5.4 CITY-ST-ZIP
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME
STREET ADDRESS:		6.3 STREET ADDRESS
CITY-ST-ZIP:		6.4 CITY-ST-ZIP

200001854750
-06/07/96--01007--027
*****208.75**

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: *Ken N. Winebarger*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 **641-665-6092**
DATE OFFICE PHONE

CR2E034 (12/95)

5/6/96