

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Oct 05 1998 8:00am
Secretary of State

DOCUMENT # H88317 (3)
1. Corporation Name
KENT INTEGRATED SCIENTIFIC SYSTEMS, INC.

Principal Place of Business

12515 SUGAR PINE WAY
TAMPA FL 33624
US

Mailing Address

12515 SUGAR PINE WAY
TAMPA FL 33624
US

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

POTTS, BETTE K
2149 MCGREGOR BLVD #1
SUITE 500
FT MYERS FL 33901

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 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Signature (Type or print name of registered agent, if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

12. TITLE	D	☐ DELETE
NAME	KENT, KEITH (DR.)	
STREET ADDRESS	12515 SUGAR PINE WAY	
CITY-STATE-ZIP	TAMPA FL	
TITLE	PST	☐ DELETE
NAME	KENT, C.RENEE	
STREET ADDRESS	12515 SUGAR PINE WAY	
CITY-STATE-ZIP	TAMPA FL	
TITLE	AP	☐ DELETE
NAME	MILLER, GEORGE	
STREET ADDRESS	736 GOULD AVE., #18	
CITY-STATE-ZIP	HERMOSA BEACH FL	
TITLE	S	☐ DELETE
NAME	POTTS, BETTE K	
STREET ADDRESS	2149 MCGREGOR BLVD. #1 SUITE 500	
CITY-STATE-ZIP	FT. MYERS FL 33901	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	
25. TITLE	
26. NAME	
27. STREET ADDRESS	
28. CITY-STATE-ZIP	
29. TITLE	
30. NAME	
31. STREET ADDRESS	
32. CITY-STATE-ZIP	
33. TITLE	
34. NAME	
35. STREET ADDRESS	
36. CITY-STATE-ZIP	
37. TITLE	
38. NAME	
39. STREET ADDRESS	
40. CITY-STATE-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I 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 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.

CR2E034 (10/97)



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1985

4. FET Number

59-2636058

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30 ☐ Yes ☐ No

10. Name and Address of New Registered Agent

700002658707
-10/08/98--01011--018
***1100.00

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