

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

FILED

Feb 18 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J02466

(7)

1. Corporation Name

KEARNEY SYSTEMS, INC.

Principal Place of Business

604 COURTLAND ST., STE. 180
ORLANDO FL 32806-1465

Mailing Address

604 COURTLAND ST., STE. 180
ORLANDO FL 32804-1318

2. Principal Place of Business

21 604 COURTLAND ST.

2a. Mailing Address

26 604 COURTLAND ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 180

27 Suite 180

City & State

City & State

23 ORLANDO FL

28 ORLANDO FL

Zip

Country

Zip

Country

24 32806

25 ORANGE

29 32806

30 ORANGE

9. Name and Address of Current Registered Agent

JONKE, RONALD J
604 COURTLAND ST., STE. 180
ORLANDO FL 32806-1465

3. Date Incorporated or Qualified

03/03/1986

3a. Date of Last Report

06/25/1996

4. FEI Number

59-2673208

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 Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☐ No

10. Name and Address of New Registered Agent

81 Name

BOB KEARNEY

82 Street Address (P.O. Box Number is Not Acceptable)

604 COURTLAND STREET

83

Suite 180

84 City

ORLANDO

FL

85 Zip Code

32806

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/97

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	KEARNEY, BOB	
STREET ADDRESS	933 RED FOX ROAD	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HERBERT, G. ARTHUR	
STREET ADDRESS	1081 MAITLAND CENTER COMMONS	
CITY - ST - ZIP	MAITLAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NOE, THEODORE H	
STREET ADDRESS	8090 S A1A HWY	
CITY - ST - ZIP	MELBOURNE BEACH FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	NELSON, WAYNE R	
STREET ADDRESS	1104 WINGED FOOT CR.	
CITY - ST - ZIP	WINTER SPRINGS FL 32708	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	JONKE, RON	
STREET ADDRESS	1139 MAPLE CREEK CT.	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 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 and has not changed, or in an attachment with an address.

SIGNATURE:

ROBERT J. KEARNEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/97

Date

407-740-6220

Daytime Phone #

CR2E034 (9/96)