


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

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May 06, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J66862

1. Corporation Name
KENT R. PALMER, INC.

Principal Place of Business
**232 SIXTH STREET, N.W.
WINTER HAVEN FL 33881**

Mailing Address
**1201 S ORLANDO AVE
SUITE 365
WINTER PARK FL 32789
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 04/13/1987	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2786934	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent KNOPKE, KEENAN L 1201 S ORLANDO AVE SUITE 365 WINTER PARK FL 32789				10. Name and Address of New Registered Agent 81 Name CT CORPORATION SYSTEM 82 Street Address 1200 PINE ISLAND ROAD 83 84 City PLANTATION, FL 33324	

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

Victor Alfano 3/16/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PAS	<input type="checkbox"/> DELETE		1.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KNOPKE, KEENAN L			1.2 NAME	TRAHAN, LORALICE A.		
STREET ADDRESS	1201 S ORLANDO AVE, SUITE 365			1.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD		
CITY-ST-ZIP	WINTER PARK FL 32789			1.4 CITY-ST-ZIP	METAIRIE, LA 70005		
TITLE	S	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D/VP/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	OLVEY, CORINNE I			2.2 NAME	HEFFRON, BRENT F.		
STREET ADDRESS	1201 S ORLANDO AVE, SUITE 365			2.3 STREET ADDRESS	1201 S ORLANDO AVE #365		
CITY-ST-ZIP	WINTER PARK FL 32789			2.4 CITY-ST-ZIP	WINTER PARK, FL 32789		
TITLE	AS	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PATON, RONALD H			3.2 NAME	HENICAN, JOSEPH P. III		
STREET ADDRESS	110 VETERNS MEM BLVD			3.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD		
CITY-ST-ZIP	METAIRIE LA 70005			3.4 CITY-ST-ZIP	METAIRIE, LA 70005		
TITLE	AS	<input type="checkbox"/> DELETE		4.1 TITLE	T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUDDE, KENNETH C			4.2 NAME	MATASAVAGE, FRANK L.		
STREET ADDRESS	110 VETERANS MEM BLVD			4.3 STREET ADDRESS	1201 S ORLANDO AVE #365		
CITY-ST-ZIP	METAIRIE LA 70005			4.4 CITY-ST-ZIP	WINTER PARK, FL 32789		
TITLE	T	<input type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATASAVGE, FRANK L			5.2 NAME	ROWE, WILLIAM E.		
STREET ADDRESS	1201 S ORLANDO AVE, SUITE 365			5.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD		
CITY-ST-ZIP	WINTER PARK FL 32789			5.4 CITY-ST-ZIP	METAIRIE, LA 70005		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROWE, WILLIAM E			6.2 NAME	BUDDE, KENNETH C.		
STREET ADDRESS	110 VETERANS MEM BLVD			6.3 STREET ADDRESS	110 VETERANS MEMORIAL BLVD		
CITY-ST-ZIP	METAIRIE LA 70005			6.4 CITY-ST-ZIP	METAIRIE, LA 70005		

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, 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, with all other like empowered.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME

Brent F. Heffron

April 14, 1999
(407) 740-7000

CR2E034 (11/98)