FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLOHIDA DEPARTMENT OF STATE
Sandra B. Mortham
Socretary of State
DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

J97726

(0)

KENNEY	ADVERTISING,	INC.
VEHILL	ADVENTIONIO,	H4O.

Principal Place of	Business	Mailing Address			e samerica fein imit inni inni inni	4:9:: E19:: E12:	. 4-4-1 414-1 414-1 414-1	
	VAN-MATRE JR	% THOMAS G. VANH	MATRE JR					
4300 BAYOU B PENBACOLA FI		4300 BAYOU BLVD # PENSACOLA FL 3250			A Database of the Conference	Date of the	ot Danad	
/_				 Date Incorporated or Qualified 10/15/1987 	3a. Date of Last Report 05/01/1995			
, Principal Blace	of Business	2a. Mailing Address			4. FEI Number	00/0	Applied For	
451	DOG TRACK RUAD	26 P.O. BOX	36415		59-2879938		Not Applicable	
Suite, Apt. #, e		Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	3.75 Additional Fee Required	
City & State		Qity & State		·	6. Election Campaign Financing		5.00 May Be	
\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	COLA FL	28 PONSACOLA,	FL		Trust Fund Contribution	1 1	Added to Fees	
Zip	Country	710	Coun	try	8. This corporation has liability for i	ntangible tax und No	ler s. 199.032,	
3250	25 g Name and Address of Currer	29 32516-6415	30		Florida Statutes Yes 10. Name and Address of New R		t	
	9. Name and Address of Currer	it negistered Agent		B1 Name	10, 1141110 0110 2001000 01 11011 1			
VENNEV	VII.4		-	P2 Charl Add	ress (P.O. Box Number is Not Acceptab	lo)		
KENNEY,	NIM LIAN HWY			Street Addr	odress (r. o. poz. infilinos) is neo vocebranio)			
SUITE 18	LIMI IIII		į.	83				
)LA FL 32506]	B4 City		85	Zip Code	
4 6		2 and 602 1500 Florida State	100 100 000		ration submits this statement for the pur	nose of changing	nuts registered offi	
or registered	agent for both, in the State of Flori	ida. Such change was authori	zea o, the o	orporation's boa	rd of directors. Thereby accept the app	ointinient as regis	tered agent. I am	
	and accept the obtantions of, Sec		s س		•	alclain		
IGNATURE 🗸	ration upod of coast rate of registered a	Laculte Capacitate	Diff Forgraph	Ngamilia ga sabate tenjon s	ം			
2.	OFFICE OAN	ID DIRECTORS	13		ADDITIONS/CHANGES TO OFF			
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STREET ADDRESS			f 3	HELL ADDRESS				
CHTY-ST-ZIP			[[::]	· 31-4;		,		
					for the exemption stated in Section 115 rate and that my signature shall have the his report as required by Chapter 607, F			

SIGNATURE:

KIM KENNEY

TO STUDE OF PRINTED NAMED F SIGNING OFFICER OF DIRECTOR

15/96

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(904) 4564023

CR2E034 (12/95)