

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

FILED

Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Marshall Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **L25449** (4)
1. Corporation Name
KENSINGTON HOMES, INC.

Principal Place of Business
**5900 IMPERIAL LAKES BLVD.
MULBERRY FL 33860**

Mailing Address
**5900 IMPERIAL LAKES BLVD.
MULBERRY FL 33860**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/26/1989	
21		26	P.O. Box 6308	4. FEI Number 65-0177475	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28	Lakeland, Florida		
Zip	Country	Zip	Country		
24		29	33807 USA		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LONG, JAMES 5900 IMPERIAL LAKES BLVD. MULBERRY FL 33860		Kenneth B. Warren P.O. Box 6308 Lakeland, FL 33807	
5900 Imperial Lakes Blvd. Mulberry, FL 33860		City FL Zip Code	

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 **Kenneth B. Warren** DATE **3/16/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P WARREN, KENNETH	1.2 NAME	
STREET ADDRESS	5900 IMPERIAL LAKES BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL 33860	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP LONG, JAMES B	2.2 NAME	
STREET ADDRESS	5900 IMPERIAL LAKES BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL 33860	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP MOORE, JAMES A	3.2 NAME	
STREET ADDRESS	5900 IMPERIAL LAKES BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL 33860	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP MASTERTON, STEPHEN F	4.2 NAME	
STREET ADDRESS	5900 IMPERIAL LAKES BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL	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	

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.

SIGNATURE: **[Signature]** **2/26/98**

CR2E034 (10/97)