FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 3: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L38087** **(7)**

1. Corporation Name
THE KENT GROUP, INC.

Principal Place of Business	Mailing Address
%JOHN R CRAWFORD 225 WATER ST #900 JACKSONVILLE FL 32202	%JOHN R CRAWFORD 225 WATER ST #900 JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/22/1989**
3a. Date of Last Report: **06/24/1994**
4. FEI Number: **59-2990984** [ ] 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 Fees
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business | 2a. Mailing Address
21 | 26
Suite, Apt. #, etc. 22 | 27
City & State 23 | 28
Zip 24 | Country 25 | Zip 29 | Country 30

9. Name and Address of Current Registered Agent

CRAWFORD, JOHN R
225 WATER ST #900
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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 or 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KUHN, BOWIE K
STREET ADDRESS	136 TEAL POINTE LANE
CITY-ST-ZIP	PONTE VEDRA BCH FL
TITLE	D
NAME	KUHN, LOUISE H
STREET ADDRESS	136 TEAL POINTE LANE
CITY-ST-ZIP	PONTE VERDA BCH FL
TITLE	S
NAME	CRAWFORD, JOHN R.
STREET ADDRESS	225 WATER STREET,#900
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS

[ ] Change [ ] Addition (×6; all blank)

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 if changed, or on an attachment with an address.

SIGNATURE: [signature] 5/1/95 904 285 9938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

0013960 CP