

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
CORPORATIONS

1996 7-30-96

B-1464 C

FILED
Jul 30 1996 8:00 am
Secretary of State

DOCUMENT # **L51397** (2)

1. Corporation Name
KENCO SIGNS AWNING DIVISION, INC.

Principal Place of Business
**511 VOLUSIA AVE
DAYTONA BEACH FL 32114**

Mailbox Address
**511 VOLUSIA AVE
DAYTONA BEACH FL 32114**

Change Address

2. Principal Place of Business
21 **1538 GARDEN AVE.**
22 **HOLLY HILL**
23 **FLORIDA**
24 **32117** 25 **U.S.A.**

2a. Mailing Address
26 **1538 GARDEN AVE.**
27 **HOLLY HILL**
28 **FLORIDA**
29 **32117** 30 **U.S.A.**

3. Date Incorporated or Qualified **02/15/1990**
3a. Date of Last Report **05/01/1995**
4. FEI Number **59-3201900**
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. This corporation has liability for intangible tax under s. 199.05, Florida Statutes Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**FOSTER, WALTER E., III, ESQ.
315 S PALMETTO AVE
DAYTONA BEACH FL**

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 602 (b)(1) and (b)(2) of 1995, 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. Thereby, I accept the appointment as registered agent. I am familiar with, and accept the duties of, Section 602.05(2), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	MITCHELL, STAN	
STREET ADDRESS	511 VOLUSIA AVE	
CITY, ST, ZIP	DAYTONA BEACH FL	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	WEBB, RAYMOND K., JR.	
STREET ADDRESS	511 VOLUSIA AVE	
CITY, ST, ZIP	DAYTONA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

14. I do hereby certify that the information furnished herein is true and correct, and that my signature shall have the same legal effect as if made under oath. If I am an officer or director of this corporation, the name of my firm, or power to execute this report as required by Chapter 602, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Raymond K. Webb*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RAYMOND K WEBB

7/26/96
904-672-1590

CR2E034 (12/95)