SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 10:56

DOCUMENT # **L83848** **(6)**

1. Corporation Name

KENNE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3672 FOWLER FT MEYERS FL 33901 US	3672 FOWLER FT MYERS FL 33901 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/26/1990**
3a. Date of Last Report: **07/21/1994**
4. FEI Number: **59-3120282** ☐ 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. This 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	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KENNE, MIKE
3672 FOWLER
FT MEYERS FL 33901

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P/S. ☒ Change ☐ Addition
NAME	KENNE, MIKE	12 NAME	Judith B. Kenne
STREET ADDRESS	3672 FOWLER	13 STREET ADDRESS	3672 Fowler St.
CITY-ST-ZIP	FT MEYERS FL	14 CITY-ST-ZIP	Ft. Myers, Fl 33901
TITLE	VS	21 TITLE	V ☒ Change ☐ Addition
NAME	KENNE, JUDITH B	22 NAME	Mike Kenne,
STREET ADDRESS	3672 FOWLER	23 STREET ADDRESS	3672 Fowler st.
CITY-ST-ZIP	FT MEYERS FL	24 CITY-ST-ZIP	Ft myers, Fl 33901
TITLE	T	31 TITLE	T ☐ Change ☒ Addition
NAME		32 NAME	Pamela S, Kenne
STREET ADDRESS		33 STREET ADDRESS	3672 Fowler St.
CITY-ST-ZIP		34 CITY-ST-ZIP	Ft myers Fl 33901
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Judith B Kenne Judith B Kenne June 8, 1995 941-2779991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01C0882 CF

CR2E034 (3/95)