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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000080492 (0)

1. Corporation Name
KENT ADVERTISING, INC.



Principal Place of Business

Mailing Address

~~4011 PALM DR
RAVENWOOD PARK STE 1
LEESBURG FL 34748
US~~

~~4011 PAL DR
RAVENWOOD PARK STE 1
LEESBURG FL 34748-9375
US~~

2. Principal Place of Business

2a. Mailing Address

21 2290 KNOWWOOD DR

22 SUITE, APT. #, etc.
SUITE 1, LAKE POINTE

23 City & State
LEESBURG, FL

24 Zip 34748 25 Country USA

26 Suite, APT. #, etc.

27 City & State

28 Zip 34748 29 Country USA

30

3. Date Incorporated or Qualified
11/15/1993

3a. Date of Last Report
05/01/1996

4. FEI Number
59-3220609

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

KENT, BARRY L
~~4011 PAL DR RAVENWOOD PARK
STE 1
LEESBURG FL 34748~~

2290 KNOWWOOD DR
LAKE POINTE,
LEESBURG FL
34748

81 Name

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 607.1501, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 *[Signature]* PRESIDENT

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KENT, BARRY L
STREET ADDRESS ~~4011 PALM DR RAVENWOOD PARK STE-1~~
CITY-ST-ZIP LEESBURG-FL

1.1 TITLE PD
1.2 NAME KENT, BARRY L
1.3 STREET ADDRESS 2290 KNOWWOOD DR
1.4 CITY-ST-ZIP LEESBURG, FL 34748

TITLE ST
NAME KENT, LYNDIA B
STREET ADDRESS ~~4011 PALM DR RAVENWOOD PARK STE-1~~
CITY-ST-ZIP LEESBURG FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS AS ABOVE
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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]* 1/14/97 3523601006

CR2E034 (9/96)