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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
 LEEBSBURG FL 34748
 US~~

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

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

2. Principal Place of Business 2a. Mailing Address

21 **2290 KNOWWOOD DR** 26 **P.O. BOX 492551**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **SUITE 1, LAKE POINTE** 27

City & State City & State

23 **LEESBURG, FL** 28 **LEESBURG FL**

Zip Country Zip Country

24 **34748 USA** 25 **USA** 29 **34748** 30 **USA**

9. Name and Address of Current Registered Agent

KENT, BARRY L
~~4011 PALM DR RAVENWOOD PARK~~ **2290 KNOWWOOD DR**
~~STE 1~~ **LAKE POINTE,**
~~LEEBSBURG FL 34748~~ **LEESBURG FL**
34748

81 Name
 83 Street Address (P.O. Box Number is Not Acceptable)
 84 City **FL** 85 Zip Code

10. Name and Address of New Registered Agent

81 Name
 83 Street Address (P.O. Box Number is Not Acceptable)
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0302 and 607.1501, 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 *[Signature]* **PRISIDENT** DATE **1/14/97**

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KENT, BARRY L	
STREET ADDRESS	4011 PALM DR RAVENWOOD PARK STE-1	
CITY-ST-ZIP	LEESBURG FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	KENT, LYNDA B	
STREET ADDRESS	4011 PALM DR RAVENWOOD PARK STE-1	
CITY-ST-ZIP	LEESBURG 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 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KENT, BARRY L	
1.3 STREET ADDRESS	2290 KNOWWOOD DR	
1.4 CITY-ST-ZIP	LEESBURG, FL 34748	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	AS ABOVE	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all attachments with an address.

SIGNATURE *[Signature]* DATE **1/14/97** **3523601006**

CR2E034 (9/96)