FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**

P93000088319 (7)

KEN & CHART, INC.

Principal Place of Business	Mailing Address	
4141 SIMMS ROAD	4141 SIMMS ROAD	
LAKELAND FL 33809	LAKELAND FL 33809	

FILED Feb 17 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/28/1993 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-32 15373 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zιρ This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 30 24 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 STRAIN, JOANNE W. 4141 SIMMS RD. 82 Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33809 83 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. Lam familiar with land accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) Signature, typed or period name of registered agent and title it applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE 1.1 TITLE Change TITLE NAME HOLTON, LEON T. 1.2 NAME STREET ADDRESS 4141 SIMMS RD 1.3 STREET ADDRESS LAKELAND FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME ROBERTS, CHARLTON P. 2.2 NAME 4149 SIMMS RD. STREET ADDRESS 2.3 STREET ADDRESS LAKELAND FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE STRAIN, JOANNE W. 3.2 NAME 4141 SIMMS RD. STREET ADDRESS 3.3 STREET ADDRESS LAKELAND FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TOLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELFTE 5.1 TITLE Change ___ Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY-ST-ZIP CITY-ST-ZIP DELFTE ☐ Addition Change TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP

14. Thereby 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 pame appears in Block 12 or Block 13 if changing, or on an attrachment with an address.