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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000051932**1. Corporation Name

T.W. KENCH, INC.

Principal Place	e of Business	Mailing Address					*****	11114 1181 1881
6917 PLEASANT	F HILL	6917 PLEASANT HILL						
BRADENTON FL 34203 BRADENTON FL 34203								
						DO NOT WRITE IN	THIS SPACE	
						3. Date Incorporated or Qualifed		Ţ
						07/11/1994		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	<u> </u>	pplied For
21		26				59-3258210		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	¥	Additional
22		27						equired
Citý & Státe	e	City & State				6. Election Campaign Financing	* '	May Be
23		28				Trust Fund Contribution	****	to Fees
Zip	Country Zip		_	Country		8. This corporation owes the current year Intangible		
24	25 29 30		,		Personal Property Tax.	X Yes	□No	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Regist	ered Agent	
1/51	011 1435EP P			81	Name			
	CH, JAYNE E			82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
6917 PLEASANT HILL								
BRAI	DENTON FL 34203			83				
				84	City		85 Zip	Code
					•	,	FL T	
l office or re	to the provisions of Sections 607.050: egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change was	s autnorized	I DY IN	named corpor ne corporation	ration submits this statement for the purpor's board of directors. I hereby accept the	se of changing its appointment as re	registered gistered
		10115 01, 5000011 001.0000, 1	içirde diac	atoo.				
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable. (No	TE: Registered		signature required	(Inch (Chistaing)	TE DE AND DIRECTO	
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	at and title if applicable. (No. D. D. D. D. D. C.	OTE: Registered	Agent s	signature required	when reinstating) DA ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	
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SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN P KENCH, THOMAS W SR	at and title if applicable. (No. D. D. D. D. D. C.	DTE: Registered 13. 1.1 Π 1.2 Ν	Agent s		(Inch (Chistaing)	RS AND DIRECTO	
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Change ☐ Addition

FILED

May 04, 1999 8:00 am Secretary of State

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14. I 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

☐ DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

941.756:3956