

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000068964 (3)

1. Corporation Name

KENYON CONSULTING, INC.

Principal Place of Business

17338 TIMBER OAK LANE
FORT MYERS FL 33908

Mailing Address

17338 TIMBER OAK LANE
FORT MYERS FL 33908

400001481234
-05/09/95--01108--005
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. # etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. # etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0522710

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

9. This corporation has liability for intangible tax under Chapter 607, Florida Statutes

Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCKINNEY, PAULA K
4635 DEL PRADO BOULEVARD
CAPE CORAL FL 33904

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 607.0512 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

(Signature of Registered Agent or Registered Agent and the Corporation)

(Signature of Registered Agent or Registered Agent and the Corporation)

Date

12. OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

D

MCKINNEY, PAULA K
17338 TIMBER OAK LANE
FORT MYERS FL 33908

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(4)(b), 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 indicate 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 AND TYPED AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95