

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

FILED  
Apr 28, 1999 8:00 am  
Secretary of State

04-28-1999 90035 047 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000075748**

1. Corporation Name  
**M. E. KENYON COMPANY**



Principal Place of Business <b>5772 TIMUQUANA RD JACKSONVILLE FL 32210</b>	Mailing Address <b>5772 TIMUQUANA RD JACKSONVILLE FL 32210</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>10/10/1994</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-3273346</b>	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>		Zip <b>29</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>25</b>		Country <b>30</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PURCELL, THOMAS K  
225 WATER ST  
SUITE 1235  
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE


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

(If DTE Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENYON, MATHEW E</b>	1.2 NAME	
STREET ADDRESS	<b>5772 TIMUQUANA ROAD</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>JACKSONVILLE FL 32210</b>	1.4 CITY-STATE-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRABTREE, THOMAS M</b>	2.2 NAME	
STREET ADDRESS	<b>5772 TIMUQUANA ROAD</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>JACKSONVILLE FL 32210</b>	2.4 CITY-STATE-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MICHAEL, PATRICIA A</b>	3.2 NAME	
STREET ADDRESS	<b>5772 TIMUQUANA RD</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>JACKSONVILLE FL 32210</b>	3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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.

SIGNATURE:  **PATRICIA A. MICHAEL**  
SECRETARY/TREASURER 4/26/99 (904) 777-0833  
DATE DAYTIME PHONE

CR2E034 (11/98)