

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000088514 (2)**

1. Corporation Name

KENLY ENTERPRISES, INC.



Principal Place of Business

**10210 95TH ST. NORTH
SEMINOLE FL 34647**

Mailing Address

**10210 95TH ST. NORTH
SEMINOLE FL 34647**

2. Principal Place of Business

2a. Mailing Address

21 Sub, Apt. #, etc.

26 Sub, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
12/05/1994

3a. Date of Last Report
02/21/1995

4. FEI Number

59-3288861

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

10. Name and Address of New Registered Agent

**KENLY, WESLEY F
10210 95TH ST. NORTH
SEMINOLE FL 34647**

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 607.04(2) and 607.1505, 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 607.0905, Florida Statutes.

SIGNATURE **Wesley F. Kenly, PRESIDENT**

[Signature] **2/10/96**

12. OFFICERS AND DIRECTORS

12.1 NAME
12.2 STREET ADDRESS
12.3 CITY, ST, ZIP
12.4 TITLE
12.5 NAME
12.6 STREET ADDRESS
12.7 CITY, ST, ZIP
12.8 TITLE
12.9 NAME
12.10 STREET ADDRESS
12.11 CITY, ST, ZIP
12.12 TITLE
12.13 NAME
12.14 STREET ADDRESS
12.15 CITY, ST, ZIP
12.16 TITLE
12.17 NAME
12.18 STREET ADDRESS
12.19 CITY, ST, ZIP
12.20 TITLE

☐ DELETE
**DP
KENLY, WESLEY F
10210 95TH ST. NORTH
SEMINOLE FL**
☐ DELETE
**DTS
KENLY, MICHELLE M
10210 95TH ST. NORTH
SEMINOLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY, ST, ZIP
13.5 TITLE
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY, ST, ZIP
13.9 TITLE
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY, ST, ZIP
13.13 TITLE
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY, ST, ZIP
13.17 TITLE
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY, ST, ZIP

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
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☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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.

SIGNATURE: *[Signature]* **Michelle M. Kenly** **2/10/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-398-5703
Only for Phone #

CR2E034 (12/95)