

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED  
AND  
FILED

96 AUG 29 AM 7: 30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000022784 (9)

1. Corporation Name

KENNETH WILSON, INC.

Principal Place of Business

Mailing Address

1174 TOPLIFF CIR.  
PALM BAY FL 32907

1174 TOPLIFF CIR.  
PALM BAY FL 32907



2. Principal Place of Business

2a. Mailing Address

21 1143 Terry Rd SE

26 1143 Terry Rd SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Palm Bay FL

28 Palm Bay FL

Zip

Country

Zip

Country

24 32909

25 USA

29 32909

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, KENNETH  
588 SANTO DOMINGO AVE SW  
PALM BAY FL 32908

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 607.0502 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, type or printed name of registered agent and then applicable

(NOTE: Registered Agent's signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
President  
Kenneth C Wilson Sr  
1143 Terry Rd SE  
Palm Bay FL 32909

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
Change Addition  
SEAL NOTED FOR FILING  
-08/20/1996-01000-329  
\*\*\*\$225.00 \*\*\*\$225.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Delete

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Delete

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Delete

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Delete

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Delete

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
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)(k), 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 617, 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-22-96

407-722-2386

CR2E034 (3/96)