

**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 # **P95000037304 (9)**

1. Corporation Name  
**WILLIAM H. KENNAMER, INC.**



Principal Place of Business: **1511 BASS CIR FT MYERS FL 33919**  
Mailing Address: **1511 BASS CIR FT MYERS FL 33919**

3. Date Incorporated or Qualified: **05/08/1995**  
3a. Date of Last Report: \_\_\_\_\_  
4. FEI Number: **65-0582610**  
Applied For:  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

2. Principal Place of Business  
21 Subc. Apt. #, etc.  
22 City & State  
23 Zip Country  
24  
2a. Mailing Address  
26 State, Apt. #, etc.  
27 City & State  
28 Zip Country  
29  
30

9. Name and Address of Current Registered Agent  
**AMASON, GUY H JR.  
13161 MCGREGOR BLVD  
SUITE F  
FT MYERS FL 33919**

10. Name and Address of New Registered Agent  
81 Name: **William H. Kennamer**  
82 Street Address (P.O. Box Number is Not Acceptable): **1511 BASS CIRCLE**  
83  
84 City: **Ft. Myers** FL 85 Zip Code: **33919**

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: **William H. Kennamer**  
Date: **2-13-96**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP
PRESIDENT				WILLIAM H. KENNAMER				1511 BASS CIRCLE				FT. MYERS, FL. 33919											

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(5)(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. If I am an officer or director of the corporation or the registered or trustee employee I do execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: **William H. Kennamer**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-13-96**

CR2E034 (12/95)