

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000038295 (8)

1. Corporation Name

KEN R. PLANTS, INC.



Principal Place of Business

89 LEMANS DR  
NAPLES FL 33962

Mailing Address

89 LEMANS DR  
NAPLES FL 33962

3. Date Incorporated or Qualified

05/15/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. F.E.I. Number

65-0581549

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

24

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29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAMBERSON, ERIC E  
2430 SHADOWLAWN DR  
SUITE 9  
NAPLES FL 33962

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, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent Signature required when new State agent)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PS ☐ DELETE

NAME RASMUSEN, KENNETH H  
STREET ADDRESS 89 LEMANS DR  
CITY-ST-ZIP NAPLES FL 33962

1. TITLE ☐ Change ☐ Addition

12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE VT ☐ DELETE

NAME JOHNSON, ELINOR A  
STREET ADDRESS 89 LEMANS DR  
CITY-ST-ZIP NAPLES FL 33962

2. TITLE VT ☒ Change ☐ Addition

22 NAME Rasmusen, Elinor A.  
23 STREET ADDRESS 89 LeMans Dr.,  
24 CITY-ST-ZIP Naples, FL. 33962

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

KENNETH H. RASMUSEN

PS

4-15-96

(941)732-5055

CR2E034 (12/95)