

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000038295 (8)

1. Corporation Name
KEN R. PLANTS, INC.

Principal Place of Business

89 LEMANS DR
NAPLES FL 34112

Mailing Address

89 LEMANS DR
NAPLES FL 34112



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	05/15/1995	65-0581549	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	6. Election Campaign Financing	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State	City & State	7. This corporation owes or has paid the current year Intangible	8. Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23	28			
Zip	Zip			
24 34112	29 34112			
Country	Country			
25	30			

9. Name and Address of Current Registered Agent

LAMBERSON, ERIC E
2430 SHADOWLAWN DR
SUITE 9
NAPLES FL 34112

10. Name and Address of New Registered Agent

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	11 TITLE	
NAME	RASMUSEN, KENNETH H	12 NAME	
STREET ADDRESS	89 LEMANS DR	13 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34112	14 CITY-ST-ZIP	
TITLE	VT	21 TITLE	
NAME	RASMUSEN, ELINOR A.	22 NAME	
STREET ADDRESS	89 LEMANS DR	23 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34112	24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-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.

SIGNATURE: Elinor A. Rasmussen ELINOR A. RASMUSEN 4/15/98 (941) 732-5055

CR2E034 (10/97)