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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

| DOCUMENT # | P95000044085 | (5) |
|------------|--------------|-----|
| | | • • |

KENCAROL PROPERTIES, INC.



| Principal Place o | of Business | Mailing Addres | | | | | | | | | |
|--|---|----------------------------|--------------------|-------------------------|-----------|--|--|------------------|-------------------|-------------------------------|--|
| Principal Place of Business Mailing Address 3731 RED OAK COURT LAKE WALES FL 33853 Mailing Address 3731 RED OAK COURT LAKE WALES FL 33853 | | | | | | | | | | | |
| | | | | | | • | 3. Date incorporated or Qualified 06/08/1995 | 3a. Date o | Fir | sport | |
| 2. Principal Place | e of Business | 2a. Mailing Add | lress | | | | 1.59-3359225 | | 1 | Applied For Not Applicable | |
| Suite, Apt. # | etc. | Suite, Apt. | ii, etc. | | | | 5. Certificate of Status Desired | | Fee F | Additional Required | |
| City & State | | City & State | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | | Added | May Be to Fees | | |
| Ζιρ 24 | Country 25 | <i>Ζ</i> ιρ 29 | <u>├</u> | | | 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes | | | | | |
| | g. Name and Address of Curre | nt Registered Agen | t | | | | 10. Name and Address of New | Registered A | gent | | |
| | | | | 81 | | | | | | | |
| ADAIR, KEN L 3731 RED OAK COURT LAKE WALES FL 33853 | | | | | Stree | et Addres | ess (P.O. Box Number is Not Acceptable) | | | | |
| | | | | 83 | | | | | Tag 3: | . 0-1- | |
| I | the provisions of Sections 607 050 d agent, of both, in the State of Flor n, and occept the objustions of Sec | | | 84 | 1 1 | | | FL | |) Code | |
| SIGNATURE | | O DIRECTORS | 1 | 13. | nt squatu | e responsed w | Politication: ADDITIONS/CHANGES TO OF | | DIRECTO | | |
| TITLE | ADAID MEN I | D | | 1 TITLE | | | | |] Change | Add tien | |
| NAME | ADAIR, KEN L 3731 RED OAK COURT | | | 2 NAME | | | | | | | |
| STREET ADDRESS | LAKE WALES FL 33853 | | | I 3 STREE I.4 CITY - | TIADDRES | 2 | | | | | |
| CITY-ST-ZIP TIFLE | D, PKES. | | | 1.4 UIIY - 2 1 TITLE | | | | |) Change | Addition | |
| NAME | AĎAIR, CAROLYN M | | | 2 NAME | | | | | | | |
| STREET ADDRESS | 3731 RED OAK COURT | | 2 | 3 STRFE | LADDRES | s | | | | | |
| | LAKE WALES FL 33853 | | | 2 4 C/TY - | | - | | | Change | Addition | |
| TITLE | | Πü | | 3 → TITLE 3 2 NAME | | | | | 1 Amanigo | L | |
| NAME STREET ADDRESS | | | | | et adores | ŝŝ | | | | | |
| City-S1-ZiP | | | | 3 4 CITY - | | | 44.84572 | | | - | |
| TITLE | | | 1 | 4. 1 TITLE | | | | Е |] Change | ☐ Addition | |
| NAME | | | | 4.2 NAME | | | | | | | |
| STREET ADDRESS | | | | 4 3 STREE 4 4 City - | T ADDRES | 5 | | | | | |
| TITLE | | n i | | 5 I TITLE | | - | | | Cnange | Addition | |
| NAME | | _ | | 5 2 NAME | | | | | | | |
| STREET ADDRESS | | | | 5 3 STREE | I ADDRES | is | | | | | |
| CITY - ST - ZIP | | | | 5 4 CITY | | _ | | | 7 Change | Addition | |
| TITLE | | | | € 1 TITLE | | | | Ĺ |] Change | ☐ Youngh | |
| NAME OVEREN ADODEDO | | | | 6 2 NAM6 6 2 SIDE: | Fr addres | 26 | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | 6.4 CITY: | | 33 | | | | | |
| 14. Ldo hereb | t y certify that the information supplied | d with this filing is volu | intarily furnished | and do | es not o | qualify for | the exemption stated in Section 1 | 19.07(3)(k), Flo | rida Statu | ites. I further | |

I do nereby 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 it changed, or on an attachment with an address

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE